

LEGAL MEDICINE

M A N U A L
of
PROCEDURES, POLICIES & PUBLIC LAWS
RELATIVE TO HOSPITALIZATION

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M A N U A L

of the

Procedures, Policies, and Public Laws

Relative to the

Hospitalization of Active Duty Personnel,
Supernumeraries, and Dependents
of Service Personnel in
Government Hospitals

21 September 1944

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GENERAL PROVISIONS RELATIVE TO HOSPITALIZATION AND TREATMENT

Sick and Disabled Personnel Entitled to Medical Attendance. - Sick, wounded, or disabled officers and enlisted men of the Navy or Marine Corps, and members of the Navy Nurse Corps, are entitled to the benefits of naval medical and surgical attendance, either within or without a naval hospital, so long as they remain sick, wounded, or disabled, and the fact that they have been recently treated within a naval hospital shall not prevent their readmission to the same or to any other naval hospital. (Art. 1191, N.R.)

Transfer of Patients. - Sick persons may be sent to a hospital at any time upon the recommendation of the medical officer of the ship or of a board of medical survey, approved by the commanding officer. (Art. 1141(2) N.R.) (See pages 24, 25, 26, & 100)

A patient, while being transferred to a hospital, shall, in serious cases, be accompanied by a medical officer, if practicable. A patient transferred from the care of a medical officer of the Navy to that of any other person, shall be accompanied by a hospital ticket and by his health record. (Art. 1142(1), N.R.)

Subject to approval by the commanding officer, patients may be transferred to a hospital at any time upon the recommendation of a medical officer or of a board of medical survey. Patients should be accompanied by their health records and hospital tickets with their personal effects accurately inventoried and properly prepared for transfer, and in serious cases should be accompanied by a medical officer. Attention is invited to the following articles in Navy Regulations:

- Removal of sick to hospitals (Art. 1141(2) N.R.);
- Tuberculosis cases (Art. 1141(3), N.R.);
- Transfers (Art. 1142(1), (2), N.R.);
- Accounts of men sent to hospitals (Art. 1203(1), (2), N.R.);
- Orders upon recovery when not in naval hospital (Art. 1203(3), N.R.);
- Notice sent to the hospital where accounts have been transferred. (Art. 1873, N.R.)

Tuberculosis Cases. - All cases of tuberculosis occurring on board seagoing ships shall be sent to the nearest naval hospital for disposition. (Art. 1141(3) N.R.) (See page 27).

When a patient is transferred to a naval hospital, he shall invariably be accompanied by a hospital ticket and his health record.

Special Attendants in Hospitals. - No patient in hospital shall be entitled to any service except that of the regular hospital attendants; nor shall anyone, except medical officers on duty, patients, and employees of the hospital be subsisted or lodged without permission of the Chief of the Bureau of Medicine and Surgery. (Art. 1193, N.R.)

Convalescents to be Discharged When Fit for Duty. - Convalescent patients may be detailed for light service, but shall not be retained in the hospital for that purpose after they are fit for duty. (Art. 1192 N.R.) (See page 26).

Report of Eye-Witnesses to Accidents, Sickness on Leave, etc. - When any person in the Navy or Marine Corps is accidentally injured and, on account of the absence of the medical officer, or for any other reason, the facts and circumstances are not entered in the health record, the commanding officer shall require an officer, or some other trustworthy person who witnessed the accident, to make a written report thereon to the Bureau of Medicine and Surgery, said report to show when, where, and how the accident occurred, and what the injured person was doing at the time. This report shall be as brief as practical, and the commanding officer in his forwarding indorsement shall state his own opinion thereon, and the matter shall be referred to in the health record. (Art. 1844, N.R.).

Deduction of Value of Ration From Account of Persons in Hospital. - The value of one ration per day shall be deducted from the account of every naval or marine officer admitted into a naval hospital during his continuance therein, which amount shall be credited to the Medical Department Appropriation by the supply officer on whose books such persons are borne.

Computing Ration Days. - In computing the number of days patients are subsisted in hospital, the day of admission shall be disregarded and the day of discharge shall be included. (Art. 1827 N.R.).

Care of Effects of Disabled Persons. - In the event of any person of the Naval Service either on board ship or at a naval station, becoming mentally or physically incapacitated under such circumstances as to render it impracticable for him to care for his personal effects, the commanding officer shall cause such effects to be collected and inventoried by an officer and held in appropriate safe-keeping until the recovery or transfer of the owner. The inventory shall be prepared in duplicate and duly certified by the officer making it. Should the patient be transferred, a copy of the inventory with a statement of the disposition of his effects shall accompany his transfer papers. (Art. 126, N.R.)

Service of a Specialist. - (a) Where the services of a naval medical officer are available, and when, in his own opinion, he is not sufficiently skilled to treat the affection properly, or lacks the proper equipment or facilities for the required treatment, the employment of a civilian physician or specialist may be permitted upon prior authority of the Bureau on recommendation of the medical officer in charge of the case (Art. 1189, N.R.).

(b) Requests for the employment of a specialist may be made by letter or dispatch to the Bureau, according to the urgency of the case, stating the nature of the illness, the condition of the patient, and the necessity for the special treatment, together with an itemized estimate of the cost of such treatment.
Limited to Officers in active duty status. (See Page 19 and 20.)

(c) The foregoing instructions also apply to the employment of specialists for treatment of the personnel of other Government departments or agencies who are patients in naval hospitals, the Comptroller General having ruled that the prior authority of the Bureau is required for these as well as for Navy patients (15 Comp. Gen. 874).

Refraction of Eyes. - The provisions of article 1189 (4), N.R., are also applicable to the procurement of services for refraction of the eyes for adjustment of glasses where a naval medical officer qualified to perform this service is not available and when prior authority has been obtained in accordance with the foregoing instructions. The purchase of eye glasses at the expense of the Government will not be authorized except in cases of injuries received in acts of duty and for general courts-martial prisoners without funds. (See page 22)

Naval or Marine Corps Reserve Personnel. - (a) Members of the Naval Reserve and Marine Corps Reserve when on active duty being subject to the laws, regulations, and orders for the government of the Regular Navy and being entitled to the same pay and allowances, and are entitled to medical treatment under the same conditions as members of the regular Navy (3 Comp. Gen. 301; 4 Comp. Gen. 783; 4 Comp. Gen. 1005).

(b) Aviation Cadets: Same status as above, except when suffering from sickness or injury incurred in line of duty, while performing active duty, they may be retained on such active duty status beyond the specified date of termination thereof. (49 Stat. 156). (See page 33)

Disease or Injury (Not) Due to Misconduct. - Medical Officers making entries in the health records or on reports of death or reports of medical survey of a person in the Navy or Marine Corps for disease or injury, shall state specifically whether such disease or injury was or was not due to own misconduct.

If the disability was acquired due to own misconduct, the medical officer in charge of the case shall determine whether it is due to the effects of a disease, as distinguished from injury, which is directly attributable to and immediately follows the person's own intemperate use of alcoholic liquors, or habit-forming drugs, or to a venereal disease, and enter his findings on the health record.

When the medical officer having custody of the health record of a person in the Navy or Marine Corps enters on such record that the disability for which such person is admitted to the sick list was the result of the person's own misconduct, it shall be the duty of such medical officer to inform the patient when such an adverse entry is made, provided the condition of the patient does not make such action inadvisable. He shall inform the commanding officer at the same time, and the procedure then shall be as prescribed in paragraph 5. The following certificate will be placed on the health record by the medical

officer making the adverse entry.

"In accordance with Article 1196, U. S. Navy Regulations, 1920, youare informed that you are admitted to the sick list with....., the origin of which is considered to be the result of your own misconduct.

.....
(Medical Officer)

"Having been duly informed of the finding that my present disabilityis the result of my own misconduct, I do, do not, desire to submit a statement in rebuttal." (Art. 1196 N.R., 1920).

It shall be likewise the duty of the senior member of any board which makes a similar adverse record relative to the origin of any disease or injury, to inform the person concerned of such record. In the case of a board of medical survey the statement in rebuttal shall not be incorporated in the body of the survey but forwarded as a separate paper.

It shall then be the right of such person to request the commanding officer to have entered on the health record bearing such an adverse entry such evidence in rebuttal as such person may desire to present. Should evidence be presented a copy of such entry and evidence shall be forwarded to the Bureau of Medicine and Surgery for expression of medical opinion and shall then be referred to the Judge Advocate General for decision before filing. The Bureau of Medicine and Surgery shall then inform the commanding officer of the decision for entry on the health record of the person concerned.

In the event of the condition of the patient being such as to render it impracticable or inadvisable to inform him or her of such adverse entry, this fact shall be noted on the health record, and the patient shall be so informed as soon as circumstances permit, and such action when taken shall be noted on the health record.

In the event of the death of a person in the Naval Service in which the commanding officer does not approve of the assigned origin of the fatal illness or injury as given in the official report of death, it shall be his duty to indorse thereon his opinion and the reasons therefor, the report being forwarded to the Bureau of Medicine and Surgery for expression of medical opinion and then referred to the Judge Advocate General for decision before filing.

When the medical officer and the commanding officer are in accord that a person of the Navy or Marine Corps has been absent on account of a disability due to the person's own misconduct, such person shall be so informed and accorded the right to present such evidence in rebuttal as he may desire. When the medical officer and the commanding officer disagree, the latter will call a board of officers of not less than two members, one of whom shall be a medical officer, to inquire into, report upon, and make recommendations in

the case. If evidence in rebuttal is presented or a board is called, the correspondence and evidence or the proceedings and report of the board shall be forwarded to the Bureau of Medicine and Surgery for expression of medical opinion and then referred to the Judge Advocate General for decision. The Bureau of Medicine and Surgery shall then inform the commanding officer of the decision for entry on the health record of the person concerned. When it is impracticable to determine that such absence from regular duties was directly due to a cause which deprives the person of pay, such person will not be permitted to draw pay, as distinguished from allowances, for the period of such absence, until the cause of the absence from duty has been determined, as herein provided, except the sum of \$5 per month as required by section 4 of the act of 17 May 1926. No person with misconduct status undetermined shall be discharged from the service until instructions have been obtained from the department.

Whenever a person in the Navy or Marine Corps in active service is absent from regular duties on account of the effects of disease, as distinguished from injury, which is directly attributable to and immediately follows the intemperate use of alcoholic liquors or habit-forming drugs, or is absent from regular duties on account of the direct effects of a venereal disease due to the person's own misconduct, the medical officer in charge of the case shall prepare and forward to the commanding officer and admission "Misconduct Report", and upon the person being discharged to duty a discharge "Misconduct Report." In the case of an officer these reports shall be forwarded in duplicate, one for the commanding officer, the other via the commanding officer for the disbursing officer carrying the officer's accounts. In the case of an enlisted man the reports shall be made in triplicate and forwarded through the commanding officer, one each for the commanding officer and the disbursing officer carrying the man's accounts, and the third for the officer having custody of the man's enlistment record.

Misconduct. - Venereal disease; evidence; presumption; marital relations.

An enlisted man suffering from a venereal disease (gonococcus infection urethra), submitted a statement under oath that he had not been exposed to any venereal infection outside of his legally married wife. An examination of his wife at a naval dispensary produced negative results. The commanding officer of the hospital at which the man was a patient disagreed with a misconduct finding and expressed the opinion that the disability was acquired innocently. Thereupon, a board was appointed in accordance with Article 1196(8), Navy Regulations, and expressed the opinion that the disability was due to the man's own misconduct. Held: that on the facts stated a presumption of misconduct was raised which was not overcome since the man in question submitted no evidence to establish that the infection was innocently acquired or resulted from marital relations; and that the disability was therefore the

result of his own misconduct for the purpose of establishing his pay status under Act of May 17, 1926. (QMO 7-1938, pp. 74-75).

An enlisted man was admitted to sick list with diagnosis "Gonococcus infection, urethra", considered due to misconduct; he denied having sexual intercourse with anyone but his wife; clinical examination of the wife showed that she was suffering from the disease, but the evidence did not establish whether she infected her husband or became infected as a result of his condition. In a case of this character, the necessary evidence to overcome the presumption of misconduct raised by the fact that she was suffering from a venereal disease is that establishing that the wife was infected prior to the time the husband had acquired the disease. Therefore, the disability in this case held due to misconduct. (QMO 7-1938, pp. 74.)

Statements in Rebuttal; Method of submitting. - In order to avoid unnecessary correspondence and delay, whenever it is considered necessary to submit the case to the Judge Advocate General of the Navy for determination of the misconduct status, the following data shall be forwarded: Certified copy of all medical history contained in the current medical record; Original signed statement of the individual in rebuttal; Opinion of medical and commanding officers; any other pertinent facts.

21 August 1944

To: Chief of the Bureau of Medicine and Surgery.
Via: Chief of Naval Personnel.

Subject: Article 1196(3), U. S. Navy Regulations.

References: (a) Ltr. BUMED:R3-HMS over P3-5(061-43)
dated 25 July 1944.
(b) Section 105, Act approved 22 June 1944.
(c) Article 1196(3), U. S. Navy Regulations.

1. Reference (a) requests an opinion as to whether reference (b) requires a change in reference (c).

2. Reference (b) provides that:

"No person in the armed forces shall be required to sign a statement of any nature relating to the origin, incurrence, or aggravation of any disease or injury he may have, and any such statement against his own interest signed at any time, shall be null and void and of no force and effect."

while reference (c) provides that:

"(3) When the medical officer having custody of the health record of a person in the Navy or Marine Corps enters on such record that the disability for which such person is admitted to the sick list was the result of the person's own misconduct, it shall be the duty of such medical officer to inform the patient when such an adverse entry is made, provided the condition of the patient does not make such action advisable. He shall inform the commanding officer at the same time, and the procedure then shall be as prescribed in paragraph 5. The following certificate will be placed on the health record by the medical officer making the adverse entry:

"In accordance with Article 1196, U. S. Navy Regulations, 1920, you ----- (Name) ----- are informed that you are admitted to the sick list with ----- (Diagnosis) -----, the origin of which is considered to be the result of your own misconduct.

----- (Medical Officer) -----

"Having been duly informed of the finding that my present disability ----- (Diagnosis) ----- is the result of my own misconduct, I (do) desire to submit (do not) a statement in rebuttal."

3. Since section 105 is a prohibition against requiring the signing of a statement, while Article 1196(3) Navy Regulations, merely affords an opportunity to submit a statement, the submission or non-submission thereof being a matter within the discretion of the person concerned, it is the opinion of this office that no change in Article 1196(3) is required by virtue of the provisions of section 105 of the Act of 22 June 1944.

T. L. LOWE
Acting Judge Advocate General.

Public Law 439 - 78th Congress

AN ACT

To repeal section 2 of the Act approved May 17, 1926, which provides for the forfeiture of pay of persons in the military and naval service of the United States who are absent from duty on account of the direct effects of venereal disease due to misconduct, and to amend Veterans Regulation Numbered 10, as amended, to define line of duty and misconduct for pension and compensation purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, that section 2 of the Act approved May 17, 1926 (44 Stat. 557; 10 U.S.C. 847b; 34 U.S.C. 882b), is hereby repealed.

Sec. 2. That paragraph VIII of Executive Order Numbered 6098, dated March 31, 1933 (Veterans Regulation Numbered 10, as amended; 38 U.S.C., ch. 12), be amended to read as follows:

"Par. VIII. An injury or disease incurred during military or naval service will be deemed to have been incurred in line of duty and not the result of the veteran's own misconduct when the person on whose account benefits are claimed was, at the time the injury was suffered or disease contracted, in active service in the military or naval forces, whether on active duty or on authorized leave, unless such injury or disease was the result of his own willful misconduct; Provided, That venereal disease shall not be presumed to be due to willful misconduct if the person in service complies with the Army or Navy regulations requiring him to report and receive treatment for such disease; Provided further, That the requirement for line of duty will not be met if it appears that at the time the injury was suffered or disease contracted the person on whose account benefits are claimed (1) was avoiding duty by deserting the service, or by absenting himself without leave materially interfering with the performance of military duties; (2) was confined under sentence of court martial or civil court."

Sec. 3. That paragraph IX of Veterans Regulation Numbered 10, as amended, be and is hereby amended to read:

"Par. IX. Pension shall not be payable under part III, Veterans Regulation Numbered 1(a), as amended, for any disability due to the claimant's own willful misconduct or vicious habits."

Sec. 4. This Act shall be effective from the date of its approval. Sections 2 and 3, inclusive, shall be applicable to claims filed or adjudicated thereafter and the beginning date of awards shall be as provided in applicable statute or regulations: Provided, That no claim heretofore disallowed by reason of misconduct or line of duty requirement shall be revived but benefits may be payable on the basis of a new claim filed hereafter in such form as may be prescribed by the Administrator of Veterans Affairs.

Approved September 27, 1944.

Officers and Enlisted Men on Detached Duty. - Officers and enlisted men of the Navy and Marine Corps, when on duty at a place where there is no naval hospital, may be sent to other hospitals upon the order of the commander in chief or the senior officer present. (Art. 1187 N.R.). When on duty where a superior officer is not present, and the service of a naval medical officer or naval hospital facilities are not available, officers and enlisted men should apply to other Government hospitals for treatment, if practicable, and in the absence of such hospitals, may apply to a civilian physician or a civil hospital for necessary emergency treatment. (See page 19.)

Sickness on Leave, Etc, Recording in Health Record. - When any person in the Navy or Marine Corps has been injured or has contracted disease, and, on account of the absence of a naval medical officer or for any other reason, the facts have not been entered in his health record, the medical officer having custody of his health record shall endeavor to ascertain the facts in the case and make the requisite entries. (Art. 1844, N.R.)

Report of Treatment Other Than Naval. - Report on NMS-Form U shall be promptly forwarded in duplicate to the Bureau in each case of any sickness or injury of personnel of the Navy or Marine Corps where treatment is received from other than the Medical Department of the Navy. It is required in all cases where medical or hospital treatment is furnished by civilian physicians, civil hospitals, or government hospitals other than naval to the personnel, active or inactive, on duty or on liberty or leave, under circumstances that eventually may be used as the basis of a claim against the Navy Department. This report should be prepared by a naval medical officer when practicable, and in the absence of such officer, by the senior officer present or by the individual concerned as soon as able.

Commanding Officers are responsible for bringing this information to the attention of all officers and enlisted men about to go on leave of absence and to the personnel under their charge when on detached duty.

Where printed forms are not available, a typewritten report may be made in duplicate giving the information required on the form, including the instructions on the back thereof.

Transfer of Patients to Other Than a Naval Hospital. - Within the United States or its Possessions. - When a patient is transferred to any hospital other than a United States naval hospital the health record shall be retained at, and the case continued by, a naval activity until the patient is sent to another naval activity for further treatment or is discharged from the sick list. A note of the removal to such a hospital shall be made in the health record, but no Form F card (See Par. 2405) or disposition by transfer (T) on the sick list (see Par. 2404) shall be made. Transactions on the sick list and preparation of Form F cards occur in

these cases only when custody of the health record and responsibility for the patient change. The senior medical officer of the activity having custody of the health record shall communicate, through his commanding officer, with the hospital, keeping himself advised of the patient's condition, entering all available information in his health record, and furnishing to the Navy Department information required by article 1203, Navy Regulations. When the stay at the hospital is to be prolonged, or when the patient is not expected to return to the transferring naval activity, the health record shall be retained at that activity only if it is within, or operating from a port in, the same naval district. When, in such cases, the transferring activity and the hospital are in different naval districts or when a ship sails to a port outside of the district, the responsibility for the patient and custody of the health record shall be changed, by transfer (T), to the headquarters of the district within which the hospital is located, and a Form F card forwarded showing that disposition. The district headquarters shall take up the case by readmission (RA) and continue it until some disposition is made.

Government Hospitals Other Than Naval. - See pages 55, 84, 101, 103, A, G.

Transfer of Patients to Foreign Hospitals. - Removal to a foreign hospital shall be noted in a patient's health record, but this shall not be considered as a transfer of the sick list (T).

The health records shall be retained and continued on board the ship until the patient returns to duty, is transferred to another naval activity, or until the ship leaves port. On departure of the ship from the foreign port the responsibility for, and custody of health records of, patients left behind shall be changed by transfer on the sick list (T) to any other United States naval vessel remaining in the port. The medical officer of the ship is then responsible for continuing the case as directed below. If, on departure of the ship, there is no other United States naval vessel in port, the medical officer shall forward, through the commanding officer, to the consul, the health records of all patients who are left behind. The record shall state in each instance that it is to accompany the patient if he is sent to the United States, or to be forwarded to the commanding officer of the next United States naval vessel arriving in port. On arrival of a ship in a foreign port, her medical officer shall take charge of all such cases and shall continue their health records. He shall interest himself in their welfare, report their progress to his commanding officer, and suggest any measures that he may consider necessary for their benefit.

Patients in Any Other Than a United States Naval Hospital. -
When a patient is transferred to any other than a United States naval hospital, the date of the transfer shall be noted in his health record, and the case continued therein until the patient returns to duty or until the ship leaves port, if the patient be left behind.

On the departure of the ship, if in a foreign port, the medical officer shall forward, through the commanding officer, to the consul the health records of the cases of all patients referred to in paragraph (1) of this article, who are left behind. The record in each instance shall state that it is to accompany the patient, if sent to the United States, or to be forwarded to the commanding officer of the next ship arriving in the port.

Upon the arrival of a ship in a foreign port, her medical officer shall take charge of all cases referred to in paragraph (2), and continue their health records. When practicable, such medical officer shall frequently visit these patients, in order to continue a correct health record in each case. He shall interest himself in their welfare, report their progress to the commanding officer, and suggest any measures that he may consider necessary for their benefit.

The hospital expenses of such a patient shall be paid from the appropriation under the Bureau of Medicine and Surgery.

When such patients are transferred or received, a report of the fact shall be made to the fleet surgeon and, if in a port of the United States, to the Bureau of Medicine and Surgery. (Art. 1143, N.R.)

Dental Treatment. - Expenses Incurred for Medicines, Etc. -
Dental treatment is regarded as included in the term "medical attendance" (Comptroller's Decision, Dec. 20, 1919).

Necessary and reasonable claims for expenses for dental service will be considered in the same manner as claim for other medical expenses, and only such when such expenses are incurred in an emergency when in a duty status where the services of a naval dental officer could not have been had and when a naval medical officer, if available, has been consulted in advance.

Definition of Term "Emergency". - The term "emergency" is held to apply only to treatment rendered to relieve suffering, and shall include only such measures as are deemed necessary to provide a reasonable degree of comfort until the services of a naval dental officer can be obtained, or until a report can be forwarded to the Bureau and appropriate instructions issued. Emergency dental treatment shall involve the minimum expense necessary to secure satisfactory professional service.

Pyorrheal and Prophylactic Treatments. - Pyorrheal treatment and dental prophylaxis are not regarded as emergencies.

Dental Treatment Other Than Naval Allowed in Emergency. - Officers and enlisted men on duty where the services of a naval dental officer are not available should consult the naval medical officer, and secure his approval prior to the procurement of dental treatment as an expense against the government. Approval shall be limited to cases of emergency, and shall not include restorations by means of gold, inlays, or prosthetic appliances.

In cases of personnel on detached duty where neither a naval dental officer nor a naval medical officer is available, dental expenses without prior approval will be allowed only when treatment is immediately required to relieve pain and suffering.

Whenever dental treatment is obtained from sources other than those under the cognizance of the Bureau, a note, stating the facts in detail, shall be inserted on the medical history sheet of the health record of the person who has received the treatment.

Prosthetic Dental Treatment, Limitation Of. - Prosthetic dental treatment at the expense of the Government will be allowed only when authorized in advance by the Bureau. (Art. 1189 (7) (c) N. R.)

Requests for Dental Treatment. - Where time will permit, requests for dental treatment where the services of a naval dental officer are not available shall be forwarded to the Bureau by the medical officer with his recommendation, or, if no medical officer be available, by the senior officer present. Every request shall contain a detailed statement of the disease or injury from which the necessity for treatment has arisen, together with a detailed estimate of the cost of the treatment considered to be necessary. On detached duty, such as at recruiting stations, radio stations, etc., the request shall show the date on which the person for whom

treatment is requested was assigned to that duty, and the probable date of transfer to other duty. (See page 16.)

Claims for Expenses Incurred for Medicines and Medical Attendance. - All claims for expenses incurred for medicines and medical attendance shall be forwarded to the Chief of the Bureau of Medicine and Surgery for examination and approval. After approval such claims shall be forwarded to the Chief of the Bureau of Supplies and Accounts for payment by such officer as he may designate. Claims shall be accompanied by receipted bills and all other papers pertaining thereto.

Civilian Medical Treatment of Naval Personnel - (Bills). - Bills should be forwarded to the Bureau for settlement through the respective heads of activities concerned. They should be prepared in duplicate, itemized, certified, and bear the signature of the payee whose title or connection therewith should be indicated.

Local Purchase, Medicines and Civilian Medical, Dental, Nursing, and Hospital Services. - Medicines and civilian medical, dental, nursing, and hospital services, for Navy and Marine Corps personnel on duty, may be procured at the places and in the manner in which such articles are usually bought and sold, or services engaged, between individuals (41 USC 5), when all of the following conditions exist:

The member of the naval service for whom the medicine or service is required must be on duty.

When the material required is not available from naval or other stores owned by the United States, or when the services or facilities of physicians, dental surgeons, nurses, or hospitals, employed or operated by the United States, are not available.

Immediate delivery or performance is required for the proper care and treatment of the patient.

Procurement must be authorized by the commanding officer or by the Navy Department. (See pages 13A, 13B.)

Prompt report (NMS Form U), shall be made in each instance of local procurement of medicine or civilian medical, dental, nursing or hospital services.

Medical Supplies, Local Purchase Of. - Medical supplies, not on hand or available at other Government agencies, required for immediate use in the care of the sick or injured, may be procured from the nearest available source under authority of an annual or locally approved purchase requisition.

The Bureau approves procurement of any medicinal preparation of established efficacy required for treatment of naval personnel. Instructions relative to allotments shall be observed in connection with such purchase.

The Bureau will approve procurement of new or improved medicinal agents for test purposes under the following conditions:

Approval of the Bureau shall be obtained prior to procurement.

When preparation has been accepted by the council on pharmacy and chemistry of the American Medical Association.

Adequate laboratory and other facilities are available at the activity and, in the opinion of the commanding officer, the study is of sufficient potential value to warrant procurement.

Sufficient clinical material to provide adequate control and study groups.

Sufficient funds are available under current allotments. Result of study will be reported to the Bureau.

TRANSFERS FROM NAVAL HOSPITALS

(1) When a patient at a naval hospital is returned to duty, he shall be transferred in accordance with the following policy:

- (a) If received from a vessel of the fleet, he shall be returned to that vessel, whenever its location is such as to make this procedure practicable. If not considered practicable, the Bureau shall be notified immediately.
- (b) If received from a shore station within the same naval district, he shall be returned to such duty therein as the commandant may direct.
- (c) If received from a shore station without the Naval District, request disposition from the Bureau of Naval Personnel, by letter, indicating probable date of discharge from treatment or availability for transfer.

(2) A request of a man under treatment at a naval hospital for transfer to another hospital for continuation of treatment shall be forwarded to the Bureau with an endorsement by the commanding officer as to the probable length of time before the man will be available for active duty. Transfers of this character will be approved only if the patient agrees to pay his own transportation to the hospital.

(3) Transfers of patients from one hospital to another at the expense of the Government will only be authorized upon the approved recommendation of a board of medical survey.

(4) Commanding officers of naval hospitals and hospital ships shall promptly notify the commanding officer of the ship or station to which a patient should return in accordance with paragraph (1), as soon as it is determined that the man's return to his own command will not be effected, together with the reasons therefor. (See page 12B, 12C).

NAVY DEPARTMENT
BUREAU OF NAVAL PERSONNEL
WASHINGTON, D. C.

Pers-6303-VLJ-1,NH

30 September 1944

BUREAU OF NAVAL PERSONNEL CIRCULAR LETTER No. 296-44.

From: Chief of Naval Personnel.
To: All Ships and Stations.

Subj: Officer and enlisted personnel; transfer of overseas casualties to Naval Hospitals in home localities.

Ref: (a) BuMed ltr RL-DMH P16-3/P3-2(082) dated 14 September 1944.
(b) BuPers Cir. ltr No. 196-43 (which establishes a convalescent leave status for officers).
(c) BuPers ltr Pers-630-RFT(1) dated 26 April 1943, addressed to Continental Naval Hospitals, (which establishes a convalescent leave status for enlisted men.)

2. As recommended in reference (a), the provisions of this directive apply to officer and enlisted personnel wounded in action, or otherwise disabled while serving overseas, to an extent requiring prolonged hospitalization or convalescence in the United States.

2. Personnel hospitalized at a Continental Naval Hospital in the vicinity of the port of debarkation, or those transferred to another hospital for treatment, who require further hospitalization or convalescence for a period of thirty (30) days or more, may be transferred at government expense to a Naval Hospital nearer their homes, for convalescence or hospitalization and further disposition.

3. For medical and psychological reasons, such transfers are not to be considered as for the convenience of the officer or man, but as a means to assist in recovery, adjustment and final disposition. Current instructions which require patients to bear the expense of their own transportation when requesting transfer from one hospital to another, do not apply in the cases of officers and men referred to in paragraph (1) above. Instructions in this regard, as contained in references (a) and (b) are modified accordingly.

4. In order to exercise control over the number of patients on convalescent leave, and to insure adequate bed capacity upon return therefrom, the following procedure is directed. When patients are no longer in need of active hospitalization, but would benefit by a

period of convalescence at home, one of the following options shall be extended:

a. Grant convalescence leave in accordance with current instructions to return to the hospital where leave is granted, at own expense, not subject to reimbursement.

b. Issue orders directing travel and transfer at government expense to a Naval Hospital nearer their homes. Upon reporting at hospital nearest to their homes, the Medical Officer in Command is authorized to grant convalescent leave under the same conditions as prescribed in sub-paragraph (a) above.

5. Patients requiring further hospitalization, who are not ready at the time for convalescent leave, may be transferred at government expense to a Naval Hospital nearer their homes, individually or in drafts, as determined by the Medical Officer in Command. Attendants to accompany patients on transfer are authorized when considered necessary.

6. Transfers herein authorized will be effected only upon request of the Medical Officer in Command of the Naval Hospital where the officer or man is a patient, and subject to prior approval of the Bureau of Medicine and Surgery (by despatch, if necessary); available bed capacity at the hospital to which transfer is contemplated; and available facilities for treatment of the type of disease or injury for which hospitalized.

7. In the cases of officers, a copy of orders will be forwarded to the Bureau of Naval Personnel. Copy of page 9 of service record will be forwarded to BuPers in the cases of enlisted men.

8. The Bureau of Medicine and Surgery is requested to issue the necessary instructions to Medical Officers in Command of Naval and Convalescent Hospitals as to the medical procedure to be followed in all such cases.

9. Paragraph three (3) of reference (c) which authorized the granting of, not to exceed sixty (60) days' convalescent leave for enlisted patients, is modified to provide convalescent leave not to exceed (30) days for enlisted patients, to conform to the maximum convalescent leave period prescribed in reference (b) for officers.

Navy Authorized to Pay Medical Costs of Men on Leave. -

Under a recent decision by the Assistant Comptroller General of the United States, the Navy Department is authorized to defray under proper regulation civilian medical and hospital expenses of enlisted personnel of the Navy and Marine Corps while on leave or liberty.

The basis for the ruling is that as Army appropriations since 28 April 1942 have specifically provided for civilian medical and hospital treatment of enlisted personnel of the Army while on leave or furlough, the enlisted personnel of the Navy and Marine Corps by analogy were entitled to the same privileges from that date.

The decision does not affect the status of officer personnel, as statute law, as incorporated in Art. 1189(1), N. R., specifically prohibits allowance of expenses for medical and hospital treatment of officers unless they were incurred while on duty. The accounting officers of the government have consistently ruled that an officer on leave is not in a duty status and, therefore, is not entitled to civilian medical treatment at government expense while so absent. (Ltr. Asst. Compt. Gen., B-41121, B-41800, B-41858, 27 June 1944.) See pages 13A and 13B).

Disposition of Patients Who Become Ill While on Leave. -

If an individual becomes ill while on authorized leave he may report to the nearest medical officer for treatment. He may be admitted to the sick list and, if indicated, transferred to the nearest Naval Hospital in the same manner as personnel attached to the station to which he reported for treatment.

When such an individual is able to travel without attendants, he should be discharged from the sick list and instructed to report to the medical officer on his return to his duty station. Expense incurred in returning to the duty station must be borne by the man himself. (C.M.O. 10-1930, p. 27).

BUMED-Ca-CJS
P3-2/P18-1(021)

26 August 1944

To: All Ships and Stations.

Subj: Civilian medical and hospital treatment of enlisted personnel,
of the Navy and Marine Corps on leave or liberty.

Ref: Ltr of Assistant Comptroller General of the U. S.,
(B-41121, B-41800, B-41858), 27 June 1944.

1. Under a decision of the Assistant Comptroller General of the United States (reference) the Navy Department may now defray expenses of emergency medical and hospital treatment of enlisted personnel of the Navy and Marine Corps, obtained from civilian sources, while on leave or liberty. This authority has been construed as effective from and after 28 Apr 1942, the date of the appropriation act (56 Stat. 228) for the Medical Department of the Army, in which authority was first granted for similar care of Army personnel while on leave or furlough.

2. The following regulations are hereby prescribed for the information and guidance of all concerned in connection with the medical and hospital treatment of enlisted personnel of the Navy and Marine Corps while on authorized leave or liberty:

- (a) Expenses for civilian medical and hospital treatment will be allowed only in emergency cases where it is impracticable to obtain treatment from naval or other government facilities. The expense of elective medical treatment under no circumstances may be allowed.
- (b) Enlisted personnel who become ill or are injured while on leave of absence or liberty shall apply, if practicable, to the nearest naval station or naval activity, if one is located in the vicinity; if none available, application should be made to the medical department of any other government agency. When neither is available the individual concerned should contact his commanding officer by telephone or telegraph requesting permission to obtain civilian medical aid. Commanding officers may authorize such necessary emergency treatment as the circumstances seem to warrant, and should give appropriate instructions regarding submission of reports and bills and disposition of the case upon completion of treatment.
- (c) When the urgency of the situation does not permit obtaining treatment from government facilities on the prior approval of competent naval authority, necessary emergency treatment may be obtained by or on behalf of the individual concerned, and the reasonable expenses thereof will be allowed as a charge against the Navy; provided that, within a reasonable time, report is made to his commanding officer so as to permit investigation and suitable arrangements for transfer to a federal institution or other appropriate action.

26 August 1944

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- (d) Expenses for the employment of consultants or specialists will not be allowed except when authorized in advance by the Bureau of Medicine and Surgery, or, in extraordinary cases, when subsequently approved by the Bureau of Medicine and Surgery upon receipt of report and satisfactory explanation as to the necessity and urgency for their employment.
 - (e) Civilian medical treatment of enlisted personnel absent without leave is not authorized unless and until the individual comes under military or naval control.
 - (f) Civilian dental treatment, other than emergency measures to relieve pain, is not authorized.
 - (g) NavMed Form U report will be required in each case. Ordinarily this form should be prepared from information available, and submitted by the station or activity to which the man is attached. When the individual reports to and receives treatment at some other station or activity, Form U report should be prepared locally and forwarded direct to the Bureau of Medicine and Surgery and a copy sent to the man's duty station. Reports and bills should be submitted in accordance with instructions in BuMed Manual.

3. The authorization in the decision of the Assistant Comptroller General does not include officers, who, under the prohibition of statute law as incorporated in Navy Regulations (Art. 1189(1)), are not entitled to medical treatment at government expense unless they are on duty. The accounting officers of the government in many decisions have held that officers on leave or furlough, granted for a period in excess of 24 hours, are not on duty, and therefore, are not entitled to medical treatment at government expense while so absent. These decisions are reaffirmed in reference. However, recommendation has been made by the Bureau of Medicine and Surgery and approved by the Secretary of the Navy for a change in the language of the appropriation "Medical Department" which, if enacted into law, will place both officer and enlisted personnel of the Navy in equality with the personnel of the Army in this respect.

4. Since the authority contained in reference is retroactive to 28 Apr 1942, any claims acted on adversely since that date due to leave status, may be submitted for the Board's consideration.

5. Paragraphs 3165 and 3166 of the Manual of the Medical Department are modified by this directive, and suitable marginal reference notations should be made pending revision. The effect of this decision on Art. 1189(5), Navy Regulations, also should be noted.

Approved.

ROSS T. McINTIRE
Vice Admiral (MC) USN
Chief of Bureau

Secretary of the Navy

ORTHOPEDIC AND PROSTHETIC APPLIANCES

Appropriation Chargeable. - Artificial eyes, supports and braces, eye glasses for general court-martial prisoners, artificial limbs and other orthopedic and prosthetic appliances required for naval personnel including Fleet Reserves regularly admitted to Naval hospitals, are chargeable to the appropriation, Medical Department, Navy.

Other Government Agencies. - Orthopedic and prosthetic appliances required for patients of other Government agencies are not chargeable to Navy funds. Requests shall be made on the Government agency for which the patient is hospitalized for such appliances as may be required for the patient.

Replacements. - Replacements of orthopedic and prosthetic appliances, required for former members of the Military and Naval Establishments, are chargeable to funds of the Veterans Administration, and applications should be addressed to that office. These patients need not be admitted to a naval hospital. (38 U.S.C. 241 to 250).

Procurement for Naval Patients. - Artificial limbs, required for naval patients shall be procured by a purchase requisition submitted to the Bureau in each specific case. This requisition shall include, in addition to the usual specifications and other data, the full name, grade, and diagnosis of the patient. (See pages 16, 17, 21, 22, 93, & 96).

C.M.O. 5-31 (25). - Misconduct and Line of Duty: Motorcycle Accident, Resulting in Loss of Leg; Allowance of Artificial Limb. - An enlisted man was injured when the motorcycle he was driving collided with an automobile at the intersection of two streets in the city of Pensacola, Florida. An opinion was requested as to whether the injury was incurred in the line of duty in view of the fact that as a result thereof, it will be necessary to obtain an artificial leg for this man, and also that he will shortly go before a Board of Medical Survey with a view to recommending his discharge from the naval service.

Since artificial limbs may be furnished only to those persons in the naval service who have lost a limb or sustained bodily injuries in the line of duty, depriving them of the use of any of their limbs (38 U.S.C., sec. 241), determination of the question of line of duty becomes necessary (distinguishing J.A.G. opinion of Feb. 15, 1927, file MM-Van Kerrebroeck, Ernest /P2-5(2) (261103)).

At the time of the accident, the man was on authorized liberty. From an examination of the evidence adduced before the board of investigation, it appeared that the accident was the result of the fact that both the motorcycle and the automobile, regardless of the intentions of the driver of each, reached the intersection at the same time, and while there was apparently an error of judgment on the part of the driver of the automobile and the driver of the motorcycle, it was believed to be such an error of judgment as would be likely to arise under similar circumstances, and that there was not sufficient negligence, if any, on the part of the driver of the motorcycle to constitute wilful misconduct and warrant a holding of due to his own misconduct (32 Op. Atty. Gen. 12, 21, August 21, 1919). In view of the further fact that he was on authorized liberty at that time, HELD, that his disability occurred in the line of duty (32 Op. Atty. Gen. 193, 197, 198). (File: MM-Roe Richard H./P2-5(2) (310330), May 9, 1931.

1. The only statutory provision relating to the furnishing of artificial limbs is in Title 38, U.S. Code, Sec. 241-246. Section 241 now provides:

"Every officer, soldier, seaman, and marine, who in the line of duty, in the military or naval service of the United States, shall have lost a limb, or sustained bodily injuries, depriving him of the use of any of his limbs, shall receive an artificial limb or appliance, or commutation therefor, as provided and limited by sections 242, 243, and 246 or this title, under such regulations as the Administrator of Veterans Affairs may prescribe; and the said period of three years shall be held to commence, after March 3, 1891, with the filing of the first application."

2. Although the above Section relates to the furnishing of artificial limbs by the Veterans Administration, apparently it has been construed to apply to the furnishing of such appliances by the Navy. QMO 5-1931 p. 25 states:

"Since artificial limbs may be furnished only to those persons in the naval service who have lost a limb or sustained bodily injuries in the line of duty, depriving them of the use of any of their limbs (38 U.S.C., Sec. 241), determination of the question of line of duty becomes necessary (distinguishing J.A.G. opinion of February 15, 1927, file MM-Van Kerrebroeck, Ernest /P2-5(2) (261103))."

In this decision it is noted that it was decided that the loss of limb there involved was not due to misconduct. No decision can be found in the Court Martial Orders or in Milling's in which an artificial limb has been refused because of misconduct. (See page 93) (Public Law 308, 78th Congress).

Nov. 15, 1942

NAVY DEPARTMENT BULLETIN
R-933

BuMed

BUREAU OF MEDICINE AND SURGERY

P5-2(012

D-HGB

Oct. 28, 1942

From: The Chief of the Bureau of Medicine and Surgery.

To: All Ships and Stations.

Subject: Prosthetic Dental Treatment for Personnel on Duty at Sea
and Outside the Continental Limits of the United States.Ref: (a) Manual of the Medical Department, paragraph 240.
(Which prescribes that prosthetic dental treatment, except minor repairs, must be authorized in advance.)

1. Observance of the directive set forth in reference does not permit the most efficient provision of prosthetic dental treatment under war-time conditions for personnel on duty at sea and outside the continental limits of the United States.
2. Advance authority, therefore, as required by reference, hereby is granted for the furnishing of dental prosthetic treatment by all naval activities, including those in the United States, containing dental prosthetic laboratories to personnel on duty at sea and outside the continental limits of the United States.
3. The modified procedure in effecting treatment shall be as follows:
 - (a) After determining that the mouth of the prospective patient is ready for prosthesis, the dental officer shall prepare NMS Form L as heretofore.
 - (b) Upon completion of the second endorsement by the commanding officer denoting approval, the yellow copy shall be sent to the Bureau of Medicine and Surgery for information, and arrangements will then be made directly with the appropriate activity for the necessary appointments.
4. Except for the above modification, reference shall be observed in all respects. Especially is it to be noted that such treatment shall be recommended only when necessary for the restoration of lost function or the promotion of physical fitness.

ROSS T. MCINTIRE

Medical Treatment: Retired Officers -- Procurement of Device (Sonotone) to Aid Hearing.

(C.M.O. 5-1934, p. 16)

Question whether one "Sonotone -- bone conduction, hearing air appliance of the latest design" may lawfully be purchased at Government expense for the use of a retired officer of the Marine Corps who is at present a patient in the U. S. Naval Hospital, Washington, D. C.

It is well established that retired naval personnel are entitled to hospitalization at Government expense (citing File 9438-117, Sept. 28, 1922: File OO-Treibly, Charles E/P3-1(4) (260922), Nov. 18, 1926, J.A.G.: L.R.N.A., Sup 1929, pp. 168, 332), and in connection with such treatment there may be expended for retired naval personnel such supplies as may be required, including artificial eyes, elastic stockings and belts, braces, and other orthopedic and prosthetic appliances.

It appeared that the present defective hearing of the officer referred to was due to natural deterioration on account of his advancing age, and that a "Sonotone" would merely serve to correct hearing defects due to natural causes. Moreover, a "Sonotone" is not, strictly speaking, either an orthopedic or a prosthetic device, since it is not used either for the replacement of an absent part or for the correction of a deformity.

HELD: That there is no authority of law for purchasing at Government expense, a "Sonotone" or any other similar device, for the use of the retired officer under consideration, while undergoing treatment as a patient in the U. S. Naval Hospital, Washington, D. C. (File: OR/P3-2 (340504, May 11, 1934, citing OO-Shephard, Andrew J/P3-2(290424), June 1, 1929 -- C.M.O. 6, 1929, p. 20; decision of Asst. Comptroller of the Treasury of Nov. 21, 1912 (Appeal No. 22135)).

Medical Treatment, Private Physicians, Right of Naval Personnel to Obtain.

There are no regulations or instructions that have been issued by the Navy Department prohibiting naval personnel from obtaining medical treatment from private physicians or requiring that reports be made of treatments obtained from that source. Consequently, under existing regulations, held that there is no jurisdiction to take disciplinary action against any officer or man who obtains necessary medical treatment from a private physician without knowledge or consent of naval medical authority. Remarked that in an extreme case where medical treatment may be obtained from a private physician under conditions detrimental to the service and not immediately required, there exists ample authority to take such administrative action as may be necessary. No changes in existing regulations are contemplated in connection with this matter. (File: P3-2/A2-12(360811), Nov. 12, 1936, CMO. No. 11).

Medical Treatment: Expenses Incurred for Medicines, Etc., (Art. 1189, N.R.)

Expenses incurred by an officer of the Navy for medicines and medical attendance shall not be allowed unless they were incurred when he was on duty, and the medicines could not have been obtained from naval supplies, or the attendance of a naval medical officer could not have been had. (Sec. 1586, R. S.)

Officers of the Navy and Marine Corps on duty where the services of a naval medical officer are not available shall, as a basis of claim for expense, report any sickness or injury, as soon as they are able, to the Chief of the Bureau of Medicine and Surgery.

All claims for expenses incurred for medicines and medical attendance shall be forwarded to the Chief of the Bureau of Medicine and Surgery for examination and approval. After approval such claims shall be forwarded to the Chief of the Bureau of Supplies and Accounts for payment by such officer as he may designate. Claims shall be accompanied by receipted bills and all other papers pertaining thereto.

Where the services of a naval medical officer are obtainable officers in a duty status may have, under the control of the medical officer in charge, when the latter is not in his own opinion sufficiently skilled to properly treat the affection, the benefit of consultation with and treatment by a specialist; but such consultation and treatment must be by prior authority of the Chief of the Bureau of Medicine and Surgery, and under the direction and control of the medical establishment of the department, as the law does not permit the allowance of expense of consultation with or treatment by a specialist when it is incurred upon the mere volition of the officer concerned. Ordinarily it is assumed that such consultation with a specialist is for the purpose of confirming the diagnosis and outlining the treatment, the medical officer in charge of the case being regarded as professionally capable of carrying out further treatment.

Expenses for medicines and medical attendance shall not be allowed in the case of enlisted men of the Navy and Marine Corps where naval medical supplies are available and where the services of a naval medical officer can be had; nor shall they be allowed unless the sickness or injury has been promptly reported to the Chief of the Bureau of Medicine and Surgery by the officer in command; or if on detached duty, as at radio stations, subrecruiting stations, with Naval Militia, etc., by the enlisted man himself as soon as able.

When officers and enlisted men of the Navy and Marine Corps, on detached duty, require immediate hospital treatment where a naval hospital, an Army hospital, or a hospital of the United States Public Health Service is not available, and when transportation to one of these is not practicable, they will be admitted to a civil hospital, and prompt information of the fact, together with a full statement as

to the nature of the disability, shall be communicated to the Chief of the Bureau of Medicine and Surgery through official channels - either by the officer in command or, if on detached duty as set forth in paragraph 5 of this article, by the patient himself as soon as able.

Dental treatment is regarded as included in the term "medical attendance." (Comptroller's Decision, Dec. 20, 1919)

Necessary and reasonable claims for expenses for dental service will be considered in the same manner as claims for other medical expenses, and only when such expenses were incurred in an emergency when in a duty status where the services of a naval dental officer could not have been had and when a naval medical officer, if available, has been consulted in advance.

Prosthetic dental treatment at the expense of the Government will be allowed only when authorized in advance by the Bureau of Medicine and Surgery.

Civilian Specialist Treatment, Payment for (C.M.O. 3, 1923,
Page 13).

An officer on duty at a naval station incurred a disability which required an immediate operation. There being no medical officers at that station qualified to perform this operation, the services of a civilian surgeon were obtained. Several months later a further operation became necessary which was performed and treatment given by the same civilian surgeon. The second operation while necessary was not urgent. Prior authority from the Chief of the Bureau of Medicine and Surgery was not obtained for either operation. The question was presented whether, in view of paragraph 4, Article 1189, Navy Regulations, 1920, payment for the services of the civilian surgeon, is a legitimate charge against the Government.

Held: In view of the extenuating circumstances existing in connection with the first operation performed, the Department is of the opinion that said operating together with subsequent treatment in connection therewith raises a legitimate charge against the Government but that the second operation performed together with subsequent treatment therewith does not raise a legitimate charge against the Government for the reason that this officer had sufficient opportunity, he apparently made no effort to comply with Paragraph four of Article 1189, N. R., 1920, after his attention had been called thereto.

Medical Treatment: Expenses incurred; Refraction of Eyes
(C.M.O. 6-1929(20)).

Section 1586, Revised Statutes, Provides:

"Expenses incurred by any officer of the Navy for medicines and medical attendance shall not be allowed unless they were incurred when he was on duty, and the medicines could not have been obtained from naval supplies, or the attendance of a naval medical officer could not have been had."

HELD: Expenses incurred by naval personnel for refraction of the eyes and the purchase of glasses are not considered as coming within the provisions of the above statute, when shown to be due to natural deterioration of the eyes on account of advancing years or for the purpose of correcting defects in vision from natural causes. (File: 00-Shepard, Andrew J/P3-2(290424); June 1, 1929, citing decision of Assistant Comptroller of the Treasury, Nov. 21, 1912 (Appeal No. 22135)).

Medical Treatment; Naval Personnel -- Payment of expenses for service in connection with refraction of eyes. Policy.

The present policy of the Navy Department which is of long standing denies reimbursement of expenses incurred for refraction of the eyes. This is based principally on the ground that refractory services thus rendered do not constitute medical treatment within the meaning of Section 1586, Revised Statutes (34 USC 921; Art. 1189(1), Navy Regs.), but are simply incident to natural deterioration of the eyes due to advancing years or to defects in vision resulting from natural causes.

A change in this policy is recommended by the Chief of the Bureau of Medicine and Surgery, for reasons states as follows:

"In the light of our present knowledge of pathology and of the interrelation of all parts and functions of the human body, and also in consideration of the technical development of naval warfare in recent years which constantly requires a closer application of and greater strain on the vision of naval personnel, it is the belief of this Bureau that the policy set forth above, as well as the basis for that policy, no longer are correct. Not only do the duties required of naval personnel exact a great amount of work at close visual range with consequent undue visual strain, but the effect of uncorrected visual defects on the general health and hence on the efficiency of the individual now is well recognized.

"The Navy trains certain medical officers in ophthalmology and optometry to meet the above situation, and personnel on duty where such specialists are assigned thus are provided with facilities for the determination and correction of visual defects. At other stations and, of course, on detached duty, the services of medical officers trained in this specialty are not available."

Held that the reasons states in the preceding paragraph warrant approval at this time of the recommended change in policy and the conclusion that the reasons on which that policy was based no longer exist. Accordingly, hereafter the provisions of Article 1189(1) and (4), U. S. Navy Regulations, 1920, will be held applicable to medical attendance and, in proper cases, specialist services in connection with refraction of the eyes; and personnel, when on duty where there is no naval medical officer or where the

naval medical officer is not skilled in ophthalmology and optometry, may be provided at Government expense with the necessary medical attendance from other Government medical or civilian sources. This change in policy will not affect the present practice under which expenses for attention to the eyes due to injury thereto received in the line of duty are allowed. (File: 00-Shepard, Andrew G/P3-2 (290424), Mar. 16, 1938).

Paragraphs from U. S. Navy Regulations relative to Boards of Medical Survey are quoted herewith:

1197 - "A survey may be ordered by the Commander in chief of a fleet, the commandant of a station, the senior officer present, or by division commander in a fleet, upon any officer or other person under his command, on the request of the senior medical officer of the ship or station where the person is serving."

1198 - "(1) A board of medical survey shall consist, when practicable, of three medical officers.

(2) If it be inconvenient to detail three officers, two will suffice. In extreme cases, or on board a ship on detached service, the survey may be held by the medical officer of the ship."

1199 - "Reports of medical survey shall be made upon the prescribed form and shall conform to the instructions as given in the manual for the Medical Department."

Unless specifically authorized no person in active service shall be discharged from the service or released from active duty because of physical disability until after a report of medical survey has been submitted. As a rule a Medical Survey should not be requested by activities afloat for the purpose of discharging an individual from the service by reason of physical disability.

No man in an active duty status shall be released from active duty or placed on the retired list by reason of physical disability except upon the approved recommendation of a Board of Medical Survey. The instructions in Article H-9604(2) BuPers Manual apply only to Fleet Reservists on inactive duty. Because of certain contingent benefits, e.g., pensions, income tax exemption, and civil service preference, it is particularly important that the line of duty status of the disability in such cases be determined and made a matter of record.

A report of Medical Survey shall be requested on each officer in the Naval Service who has been on the sick list continuously for a period of 3 months and in the case of enlisted men for a period of 6 months.

Patients may be transferred from one naval hospital to another only upon the approved recommendation of a Board of Medical Survey.

Officers shall be granted sick leave only upon the approved recommendation of a Board of Medical Survey and shall be brought before a Board of Medical Survey to determine their fitness for duty upon the expiration of sick leave. (See Article 1738, Navy Regulations).

When a recruit has been found to be suffering with a mental condition considered to be psychotic, he will not be discharged upon the recommendation of an Aptitude Board but will appear before a Board of Medical Survey.

Authority for admission to the Army and Navy General Hospital, Not Springs, Arkansas to persons in the Navy and Marine Corps when in an active duty status may be granted upon the recommendation of a Board of Medical Survey.

Patients under treatment for mental diseases in naval hospitals in the United States who require commitment to an institution for the care of the insane and who require prolonged observation to establish diagnosis will be transferred upon the approved recommendation of a Board of Medical Survey to the U. S. Naval Hospital, Bethesda, Maryland on the Atlantic Coast and the U. S. Naval Hospital, Mare Island, California on the Pacific Coast.

Commissioned and Warrant Officers under treatment in Saint Elizabeths Hospital shall be returned to a duty status only upon the approved recommendation of a Board of Medical Survey.

When it is definitely established that a Commissioned or Warrant Officer under treatment at Saint Elizabeths Hospital is permanently incapacitated for active service he shall be surveyed and recommendation made that he appear before a Retiring Board.

Boards of Medical Survey recommending the discharge of harmless insane, able to care for themselves or to be cared for by friends or their families shall enter on the report of medical survey the statement "not a menace to themselves or the community."

Section 105 of Public Law No. 346, 78th Congress, approved June 22, 1944 is quoted: "Sec. 105: No person in the armed forces shall be required by any official thereof to sign a statement of any nature relating to the origin, incurrence, or aggravation of any disease or injury he may have, or any other statement against his own interest, and any such statement against his own interest signed at any time, shall be null and void and of no force and effect."

When a Board of Medical Survey finds that an individual has a disability which was not incurred in the line of duty, the

senior member of the Board shall inform him verbally of the Board's findings regarding the nature and origin of the disability and whether or not it is considered to have been aggravated by Service. The Board shall then afford him an opportunity to submit a statement in rebuttal. The report of Medical Survey shall contain the following statement: "The patient has been informed of the Board's findings and does (does not) desire to submit a statement in rebuttal." If a patient submits a statement in rebuttal, it shall accompany the report of Medical Survey to the Bureau.

Utilizing Services of Officers Fit for Duty Awaiting
Discharge From Treatment at Naval Hospitals, 24 July 1944.

When a report of a board of medical survey is submitted on an officer in the naval hospital finding him fit for duty, and such officer is still attached to a local station, he will be discharged from the sick list when the survey has been signed by the medical officer in command and directed to resume his regular duties."

Transfer of Cases of Pulmonary Tuberculosis. - All cases of pulmonary tuberculosis shall be transferred to the nearest naval hospital for treatment and further disposition. (Art. 1111(3) N.R.)

It is the policy of the Bureau not to return to duty status either officers or enlisted personnel in whose cases a diagnosis of pulmonary tuberculosis has been established.

Disposition of Officer's with Tuberculosis. - When a diagnosis of pulmonary tuberculosis has been established in the case of an officer the commanding officer shall have the officer surveyed and he may be recommended (1) for transfer to Fitzsimons General Hospital where he will be retained for treatment for not longer than six months or (2) for appearance before a retiring board. A recommendation to appear before a retiring board shall not be delayed in order to afford an officer the opportunity to become due for promotion. (Sec. 956, Naval Courts and Boards).

Disposition of Midshipmen with Tuberculosis. - When a diagnosis of pulmonary tuberculosis has been established in the case of a midshipman, the midshipman shall be surveyed and, when it is deemed advisable and he so desires, his transfer to Fitzsimons General Hospital shall be recommended. If the patient is not sooner discharged, a medical survey shall be held at the expiration of six months treatment in Fitzsimons General Hospital. (See page 109).

Enlisted Personnel Other Than Those Eligible for Transfer to the Fleet Reserve or Fleet Marine Corps Reserve. - Tuberculosis patients received by a naval hospital, in whom a diagnosis is established by x-ray and laboratory findings shall be brought immediately before a board of medical survey if they desire and their condition warrants and permits their transfer to a Veterans Administration facility. The board of survey shall make a statement as to the line of duty status of the disease and shall recommend discharge from the naval service if the patient is eligible for transfer to a Veterans Administration facility. Patients found to be permanently unfit for service by the board of survey and who are in need of further hospitalization or institutional care shall be transferred to a Veterans Administration facility prior to discharge provided (1) they are eligible for care and treatment by the Veterans Administration; (2) they desire to be so transferred; (3) the transfer will not endanger the patient's life or recovery; (4) the report of medical survey has been approved by the Bureau of Medicine and Surgery and the patient's discharge directed by the Bureau of Naval Personnel or the Commandant, Marine Corps.

Patients who do not desire such transfer may be recommended for further treatment in the naval hospital with a view either to educating the individual to care for himself or to bringing about an arrest of infection, after which discharge from the service by medical survey shall be accomplished with recommendation (if desired by the patient) for further retention as a supernumerary until claim for pension shall have been acted on. If pension is granted, such a patient then becomes eligible for treatment in any naval hospital, provided facilities are available.

Retired, enlisted, inactive, and members of the Fleet Reserve with dependents may be hospitalized at no charge to the patient, in accordance with Public Law 144, 78th Congress. Retired men, inactive, and members of the Fleet Reserve with no dependents may be hospitalized for a service connected disability, but their pensions or retainer pay will be reduced to \$20.00 a month while in the hospital. Retired men, inactive, and members of the Fleet Reserve without dependents, may be hospitalized for a non-service connected disability but their pensions or retainer pay will be reduced to \$8.00 per month while in the hospital.

Hospital for Malignant Disease (Naval Hospital, Brooklyn, N.Y.).

Naval Hospital, Brooklyn, New York. - The Naval Hospital, Brooklyn, New York, is the regular hospital for treatment of patients suffering with malignant diseases in the Navy, serving ship and stations on the Atlantic coast and the Ninth Naval District.

Naval Hospital, San Diego, California. - The Naval Hospital, San Diego, California, serves as the concentration point for malignant cases on the West Coast.

Requirements for Transfer of Patients. - A slide and portion of the tissue should be forwarded with each patient transferred. If no biopsy has been done, a statement to that effect should accompany the patient. In view of the importance of early diagnosis, dispatch request for prior approval of report of medical survey is suggested, to expedite transfer.

Public Law 10 - 78th Congress

An Act

To amend Veterans Regulation Numbered 10, as amended, to grant hospitalization, domiciliary care, and burial benefits in certain World War II cases.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, that paragraph IV of the Veterans Regulation Numbered 10, as amended, is hereby amended by striking out the period at the end thereof and substituting therefor a colon and the following: "World War II - Any person who served in the active military or naval service of the United States on or after December 7, 1941, and before the termination of hostilities in the present war as determined by proclamation of the President or by concurrent resolution of the Congress; Provided, That the term 'active military or naval service', as used herein, shall include active duty as a member of the Women's Army Auxiliary Corps, Women's Reserve of the Navy and Marine Corps, and Women's Reserve of the Coast Guard."

Approved March 17, 1943.

HOSPITALIZATION AND TREATMENT - OFFICERS & NURSES

Officers Admitted to Hospitals. - When an officer is admitted to a naval hospital he is entitled to remain under treatment and to have all the advantages of such hospital until cured. In the case of chronic disorders, which after a sufficient period shall appear to the medical officer in command of the hospital to be not susceptible to cure, that officer shall make a report to the commandant of the station and request a medical survey thereon. If a survey recommends a continuation of treatment, the officer surveyed may remain until a subsequent survey shall recommend a discharge.

When a medical survey, duly approved, shall recommend an officer's discharge from hospital, it shall be at the option of such officer, if disabled or decrepit, to be transferred to the Naval home.

A copy of all the papers in such cases shall be forwarded by the Commandant to the Secretary of the Navy. (Art. 1190, N. R.).

Medical Attendance, Nurses. - A nurse on duty is entitled to receive medical attendance and treatment.

Medical attendance and treatment will usually be provided at the hospital where the nurse is serving, but when it is reported as desirable the Surgeon General may effect her transfer to another naval hospital or to a civil hospital for treatment.

Nurses will be governed by the general information and instructions concerning medical and hospital treatment of officers.

Illness of a Confidential nature, Nurses. - Illness considered to be of a confidential nature shall, when occurring, be the subject of a special report made privately to the commanding officer and forwarded by him to the Surgeon General.

Discharge for Disability, Nurses. - A nurse will not be discharged for disability contracted in line of duty until after reasonable time has been allowed for treatment.

Expenses Incurred for Medicines by Officers. - Expenses incurred by an officer for medicines and medical attendance shall not be allowed unless they were incurred when he was on duty and the medicines could not have been obtained from naval supplies or the attendance of a naval medical officer could not have been had. (U. S. Code, title 34, sec. 921).

Officers of the Navy or Marine Corps on duty where the services of a naval medical officer are not available shall, on a basis of claim for expenses, report any sickness or injury, as soon as they are able, to the Chief of the Bureau of Medicine and Surgery. (Art. 1189, N. R.).

On Detached Duty; Settlement of Bills: Personal settlement should be made of any bills contracted by an officer on detached duty for civilian medical, dental, or hospital treatment, and a claim for reimbursement submitted in duplicate to the Bureau, accompanied by receipted bills in duplicate and any other papers pertaining thereto. As a basis of claim for such expenses, report of any sickness or injury shall be promptly forwarded to the Bureau (Art. 1189(2) N.R.). Whenever practicable this report shall be made on NMS Form U, which form shall also be used in the submission of claims for reimbursement.

Absence by permission: The Comptroller General has held (10 Comp. Gen. 40) that officers may be considered as constructively on duty entitling them to medical treatment in emergency cases, ----- if the permitted absence does not exceed 24 hours, and if during such absence from ship or station their whereabouts are known and it is fairly practicable to secure their return for the performance of duty should their presence be required. Where in such a case the officer's whereabouts are unknown to his commanding officer, or he has gone beyond the limits of the city or post in which his ship or station may be, he is not in fact or constructively on duty. The Comptroller General has further held as essential that it be shown in such cases that the appropriate naval authority is fully informed of the matter at the earliest possible moment so that arrangements may be made to afford the officer the benefit of naval medical aid or Government hospital facilities.

BUMED-R1-JLA
P3-2/Pl6-4(012)

8 Feb 1944

To: MedOfCom, All NavHosps and Convalescent Hosps in
Continental U. S.

Subj: Officers admitted to hospitals while under orders involving
change of station.

1. It has come to the Bureau's attention that in some cases officers under orders detaching them from one station and assigning them to another have been injured or taken ill and admitted to a naval hospital with a disability that prevented them from carrying out their orders.

2. When an officer is admitted to a naval hospital or a naval convalescent hospital under such conditions, and his disability is serious enough to prevent him from carrying out his orders, the Bureau of Naval Personnel should be notified so that a relief may be provided if necessary. Reports will not be required on officers admitted with minor disabilities which will not prevent them from carrying out their orders.

ROSS T. McINTIRE
Rear Admiral (MC) USN
Chief of Bureau

NROTC - Hospitalization and Treatment of.

Title 34, U. S. Code 821, was amended October 13, 1942, to provide "hospitalization, rehospitalization, medical and surgical care and treatment" for members of NROTC "who suffer disability---from personal injury, illness, or disease occurring in line of duty, while en route to or from and while participating in authorized practice cruises.

Section 821 also provides that when appointed as Naval Reserve officers, members of the NROTC "shall have the same status and be entitled to the same benefits in all respects as provided by law for other members of the Naval Reserve."

The V-12 Program established one year ago has absorbed the NROTC. Students enrolled in the V-12 program are treated the same as other enlisted members of the Naval Reserve. Medical care and hospitalization in some cases is provided by the college, under Naval supervision, in accordance with the particular contract in force between the Navy and the college.

Aviation Cadets - Status of

Enlisted men of the Volunteer Reserve are divided into various classes including:

"V-5 men enlisted as Seaman, second class, or transferred to this class for flight training, leading to promotion and Naval Aviator designation."

Enlisted men of Class V-5 shall not be advanced in rating in that class but may be appointed Aviation Cadets. (See BuPers Manual).

"1. The grade of Aviation Cadet is a special enlisted grade in Class V-5 of the Naval Reserve, established to provide suitable classification for officer candidates undergoing flight training, leading to Naval Aviator designations and commissions as Ensigns, A-V(N), U. S. Naval Reserve, or Second Lieutenantcy in the Marine Corps Reserve.

"2. Upon successful completion of flight training, Aviation Cadets may be designated Naval Aviators and commissioned as Ensigns in the Naval Reserve or as Second Lieutenants, U. S. Marine Corps Reserve."

"Aviation Cadets - General" -

"Aviation Cadets are student officers. Insofar as practicable they will be segregated from other enlisted men, for housing, messing, and hospitalization and other general purposes."

"Pay and Allowances - Aviation Cadets " -

"The act of June 23, 1942, which provides for family allowances applies to Aviation Cadets, in the same manner as to enlisted men of the fourth pay grade."

Despite the fact that all the above provisions indicate that Aviation Cadets are enlisted men, 38 U. S. Code, Section 845 provides that an Aviation Cadet shall take precedence next before Warrant Officers of Naval Reserve or Marine Corps Reserve.

On 27 July, 1943, Naval Aviation Cadet Selection Board Circular Letter No. 85-43 sets forth the procedure for the administration of Aviation Cadets, Class V-5, who have failed to complete flight training successfully. Paragraph 5 is pertinent:

"After careful consideration of all the factors involved the Secretary of the Navy has determined that effective at midnight on 31 August, 1943, the option of V-5 men to elect discharge from the Naval Service upon separation from the aviation training program for any reason will be terminated. Accordingly, on and after 1 September 1943, those aviation cadets who for any reason are separated from the flight training program will be required to continue to serve on active duty in the Naval Service in a capacity for which considered to be best qualified. Those considered qualified for appointments as commissioned officers to meet requirements will be considered for such appointments in accordance with existing instructions. All others will be required to continue on active duty in enlisted status, but will be eligible for advancement, appointment, or other training, for which qualified, in the same manner as all other enlisted men." (See page 2)

HOSPITALIZATION AND TREATMENT - ENLISTED MEN

Accounts of Men, Navy and Marine Corps, Sent to Hospital. - When any petty officer or enlisted person of the Navy is sent from a ship or station to a United States Naval Hospital at home or abroad for duty or for treatment, his accounts and other papers shall be sent direct to that hospital. The medical officer in command of the hospital shall forward the pay accounts to the supply officer of the nearest receiving or station ship, or to the supply officer of the hospital, and such supply officer shall comply with the orders of the medical officer in command of the hospital in such matters pertaining to changes of rating, pay, etc., as is done in similar cases for commanding officers of vessels whose accounts the supply officer has in charge. When an enlisted man of the Marine Corps is sent to a United States Naval hospital for treatment, he will be transferred by staff returns to the nearest Marine barracks. He will be regularly attached to such marine barracks and will be considered on a temporary duty status at the hospital. Except when attached to headquarters Marine Corps or an independent staff office, an enlisted man of the Marine Corps sent to a United States Naval Hospital for treatment will be transferred by staff returns to the nearest marine barracks. He will be regularly attached to such marine barracks and will be considered on a temporary duty status at the hospital. (Art. 1203(1) N. R.).

Accounts of Men, Navy and Marine Corps, Transferred to Hospital Not a Naval Hospital. - When such transfer is made to a hospital in the United States not a naval hospital, his accounts and other papers shall be retained on board, and such transfer shall not be considered as creating a vacancy until the ship to which he has been attached sails from the vicinity of the hospital. When a man is thus left, his service record, health record, and pay accounts will be transferred to the commandant of the naval district in which the hospital is situated or to the commanding officer of the nearest marine barracks in the case of a marine, together with a complete history of the case, and such commandant or commanding officer will communicate with the hospital to which the man is admitted as a patient and, when informed that the man is physically fit to perform the travel necessary, effect his transfer to a naval hospital and at such time notify the Bureau of Naval Personnel or Major General Commandant of his action, showing date of admission to and date of discharge from the civil hospital, physical condition at date of discharge from hospital, as reported by hospital authorities; whether in the opinion of the senior medical officer the man requires further hospitalization, and if so, to what naval hospital he has been or will be transferred for further treatment. The staff returns of a marine transferred from a station or organization on shore to a civil hospital in the United States will be retained by the command to which attached. The report required by article 1189(5), United States Navy Regulations, in the form prescribed by the Manual of the Medical Department, shall be transmitted to the Bureau of Medicine and Surgery. (Art. 1203 (2) N. R.)

Accounts of Men, Navy and Marine Corps, Transferred to Civil Hospital in a Foreign Country. - If transferred to a civil hospital in a foreign country, his records and accounts shall be retained by the command to which attached. To defray his necessary personal, he shall be paid all money due and unpaid on the date of such transfer and any subsequent necessary pay shall be covered by check drawn to the order of the man and forwarded to the nearest American consul for delivery. The nearest American consul shall be furnished with a complete medical history of the case and requested to cooperate with the surgeon in charge of the hospital, with a view toward having the man properly cared for, and, upon his recovery, to arrange for his transportation to the nearest naval activity, and, upon so doing, to notify the command carrying the records and accounts of the man concerned. Expenses incurred for medical treatment, hospitalization, and for transportation to the nearest naval activity upon recovery, may be paid by the American consul and certified statement of expenditures submitted through the State Department, accompanied with itemized receipts in full or the itemized bills may be transmitted through the State Department for direct settlement by the bureaus concerned. (Art. 1203 (3) N. R.).

Pay of Men Without Transfer Pay Accounts. - Unless emergency conditions make it impossible to do so, no enlisted men will be transferred without being accompanied by their transfer pay accounts. Commanding officers are particularly enjoined to see that timely notice is given to disbursing officers, wherever possible, of any contemplated transfers. No men will be sent to foreign duty without their transfer pay accounts except under the most urgent emergency conditions; and, in all such cases and whenever men are transferred without their pay accounts, it will be understood that their accounts will be forwarded at the first possible moment after their transfer.

Whenever enlisted men, except returned deserters, are received on board a ship or at a station without their pay accounts, the commanding officer may direct that their accounts be taken up for pay commencing with the fifteenth day following date of transfer from the ship or station at which their pay accounts were known last to have been carried, and thereafter credited with 50 percent of the pay of their rating less any allotment or other deductions which should be made. Before directing the opening of an account in accordance with this authority, the commanding officer shall request a despatch transfer of pay account, and upon receipt thereof, he may authorize payment of any balance which may have been due at date of transfer. If, after 8 weeks following date of transfer from the ship or station at which their pay accounts have not then been received, they may, thereafter, be credited with the full pay of their rating less any allotment or other deduction which should be made. The pay which

accrued during the first 14 days following date of transfer and the 50 percent withheld during the succeeding 6 weeks will not be paid until receipt and adjustment of regular transfer pay accounts.

Commanding officers will issue orders to supply officers or disbursing officers to make payment under authority of this order whenever enlisted men under their command are received under the foregoing conditions.

In the event that it becomes necessary to transfer a man before the receipt of his regular transfer pay accounts and who has been taken up for pay under the foregoing conditions, he will be given a "memorandum transfer pay account," which will show the inclusive dates for which he has been paid and the total amount paid to him. "Art. 1804. N. R.)

Notice Sent to Hospital Where Accounts Have Been Transferred. -
Whenever an enlisted man is sent to a naval hospital and his accounts are transferred to a receiving ship, his commanding officer shall immediately inform the medical officer in command of the hospital where the accounts of the patient have been transferred. (Art. 1873, N. R.).

Medical Treatment: Issue of Toilet Supplies, etc., to Men in Debt. - To permit the issue of certain necessities to enlisted men in a nonpay status, including those in debt to the Government, for any reason, commanding officers are authorized to direct, in writing, the transfer from the ship's store stock to the clothing and small stores account for issue as contemplated by article 1108, paragraph 2, of such articles as may be necessary for the health and comfort of the men requiring such issue. The value of issues of such articles to any one person shall not exceed \$3 in any one month.

These transfers from the ship's store account to the clothing and small stores account shall be covered by the usual transfer invoices prepared monthly and approved by the commanding officer.

In instances where there is no ship's store, purchase of the necessary items may be made on approved open-purchase requisitions under the "Clothing and small stores fund" in the usual manner and without the necessity for prior reference to the department for approval.

Articles so transferred or purchased shall be issued and charged to the account of the man concerned in the same manner as other items of clothing and small stores usually carried in stock.

The provisions of the foregoing paragraphs of this article apply with equal force to enlisted men of the Navy or Marine Corps held for trial who may not be in a pay status by reason of indebtedness to the Government or for other cause. (Art. 921, N.R., 1920).

Patients in Custody of Civil Authorities. - When, for any reason, an enlisted man undergoing treatment at a naval hospital is held in the custody of the civil authorities, every effort shall be made to ascertain how long he will be held before disposition of the civil case and before he will be available for return to the hospital or discharge from the Navy. If it is evident the man will be held by the civil authorities for a period in excess of two weeks he shall be transferred, in accordance with instructions of the Bureau of Personnel, to the nearest receiving ship or receiving station, together with a complete record of the case. Complete information regarding the case and the need for further hospitalization shall be given on pages 9-10 of his service record, and a letter setting forth all the facts of the case shall be forwarded both to the Bureau of Personnel and the receiving ship or receiving station to which the transfer is made. The current medical history shall be closed as to duty (D) after making appropriate entry as to the reason therefor. This procedure prevents charging the health of the Navy with sick days not actually incurred as the result of service conditions.

Enlisted Patients Ill Six Months. - Enlisted patients, shall not be retained in a hospital longer than is necessary to restore them to a duty status, and those who have been under treatment for 6 months, irrespective of place, shall be brought before a board of medical survey in order that further treatment or other disposition may be authorized.

Expiration of Enlistment While Under Treatment. - In case of expiration of enlistment of any man who is being treated for an injury or disease incurred in line of duty, whose condition is such that re-enlistment would be impossible, a medical survey shall be held in order that he may be discharged for physical disability instead of being discharged on account of expiration of enlistment. Discharge for physical disability is necessary to give men injured or diseased in line of duty the benefits of preference in civil-service appointments, eligibility for hospitalization under the Veterans Administration, and for pensions.

Nav-66-TJW
P114-4(R)(359)

NAVY DEPARTMENT
BUREAU OF NAVIGATION
WASHINGTON, D. C.

January 20, 1942

BUREAU OF NAVIGATION CIRCULAR LETTER NO. 10-42.

From: The Chief of the Bureau of Navigation.
To: All Ships and Stations.
Subject: Retention in Service of men undergoing medical treatment.
Reference: (a) BuNav Circular Letter No. 32-39.
(b) Public Law 333-77th Congress.
(c) A1Nav 155 (1941).

1. Reference (a) is hereby cancelled.
2. Reference (b), approved by the President on December 12, 1942, is quoted for information and compliance:

"Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That hereafter any enlisted man of the Army, Navy, Marine Corps, and the Coast Guard of the United States in the active service, whose term of enlistment shall expire while he is suffering disease or injury incident to service and not due to misconduct, and who is in need of medical care or hospitalization, may, with his consent, be retained in such service beyond the expiration of his term of enlistment, and any such enlisted man shall be entitled to receive at Government expense medical care or hospitalization and his pay and allowances (including expense money authorized by law and credit for longevity) until he shall have recovered to such extent as would enable him to meet the physical requirements for reenlistment, or until it shall have been ascertained by competent authority of the service concerned that the disease or injury is of a character that recovery to such an extent would be impossible, whichever is earlier: Provided, That any enlisted man whose enlistment is extended as provided herein shall be subject to forfeiture in the same manner and to the same extent as if his term of enlistment has not expired, and nothing contained in this act shall prevent any enlisted man of the Army, Navy, or Marine Corps, and the Coast Guard, from being held in the service without his consent under, respectively, the provisions of the one hundred and seventh article of war, the Act of August 29, 1916, as amended (40 Stat. 717), and section 1, subsection (a), of the Act of May 26, 1906, as amended (50 Stat. 547)."

3. Inasmuch as reference (c) extends until 6 months after the war the enlistments of all those who did not voluntarily extend or reenlist, it is not necessary that a man under treatment consent to his retention in time of war. When reference (c) is no longer in effect, oral consent to retention will be sufficient; however, if a man executes a written request for discharge at expiration of enlistment, he must be discharged.

4. Medical Surveys shall be held and reported in accordance with existing instructions. (An additional medical survey, if necessary, shall be held and reported at a date six months subsequent to the date when a man's enlistment would ordinarily have expired.) All such reports should clearly indicate the man's status and the date on which such hospitalization or treatment commenced, and should contain one of the following findings under "Present Condition":

- (a) Fit for reenlistment.
- (b) NOT Fit for reenlistment.

Should the board find a man not fit for reenlistment, an opinion should be expressed whether or not recovery to such an extent is possible. A man in this category ordinarily will not be retained in excess of six months beyond the date on which his enlistment would have expired.

5. It is not desired that such men be retained in hospitals outside the continental limits. Transfer to hospitals within the limits of the United States should be made whenever practicable.

RANDALL JACOBS
Chief of Bureau

Treatment in Hospital While Making Good Time Lost Due to own Misconduct. - Where an enlisted man is held in the service beyond expiration of his enlistment in order to make good time lost due to his own misconduct, and, before he has made good all time so lost, he is again admitted to the hospital for treatment of the same disease, held that the time in the hospital after expiration of enlistment is not actual service under his contract of enlistment nor service making good time lost under his contract of enlistment and he is not entitled to pay and allowances for the period while receiving hospital treatment. (19 Comp. Gen. 288, Aug. 26, 1939.) (C.M.O. 2-1939, (258).)

Misconduct Status - Expiration of Enlistment. - The enlistment of an enlisted man expired while he was a patient in a naval hospital being hospitalized for a disability incurred as the result of his own misconduct. At the time of expiration of enlistment, the man had a total of almost 11 months' misconduct time to be made good before his enlistment could be regarded as complete. The probable future duration of his disease is indefinite, and he is not physically qualified for reenlistment.

He was not discharged from his enlistment upon the expiration thereof, but remained in a misconduct status, with pay, until September 30, 1939, from which date he has been denied further pay in accordance with a decision of the Comptroller General which holds that a man in his status does not render service which entitles him to pay after expiration of enlistment. (19 Comp. Gen. 290, Aug. 26, 1939.)

The question for consideration involves the determination of the status of this man.

The detention of this man in his present physical condition does not come within the purview of existing law on the ground that he is required to make good misconduct time. Both the act of August 26, 1916 (34 U.S.C. 183), relating to the subject of misconduct time, and Navy Regulations contemplate that absence from duty on account of sickness due to misconduct must be made good, if at all, by actual service in a full-duty status and not by a corresponding period of further absence from duty under treatment for the same sickness.

The present status of this man is not entirely free from doubt; however, in the absence of a judicial decision to the contrary, it may be held, for administrative purposes that his enlistment did not automatically terminate upon the expiration of 4 years from the date of his enlistment and accordingly, since he has not been given a discharge from the Navy, his present status is that of an enlisted man in the United States Navy. (File; MM-Phillips, Virgil S./P2-5(391128, Feb. 19, 1940.) (C.M.O. 1-1940(68).)

Enlisted Man - Pay of After Expiration of Enlistment. - An enlisted man serving on the Asiatic Station agreed to extend his enlistment, but on the date of the expiration of enlistment he was found physically unfit for such extension. The agreement to extend was thereupon cancelled by his commanding officer and the man ordered to the Naval Hospital, Canacoa, P. I., for treatment. At the hospital the man was found fit to reenlist, but did not desire to do so; whereupon he was ordered to a naval vessel for transfer to the United States for discharge by reason of expiration of enlistment.

In this case two questions arose: (a) Is the man entitled to pay after the normal date of expiration of enlistment, and (b) may he count the time intervening between the normal date of expiration of enlistment and the date of actual discharge from the service for longevity purposes?

The comptroller General held: Section 1422 (Revised Statutes, as amended by the act of March 3, 1875, 18 Stat. 484) provides "That all persons sent home or detained by a commanding officer * * * * shall be subject in all respects to the laws and regulations for the government of the Navy until their return to an Atlantic or Pacific port and their regular discharge." Clearly, the law provided for withholding the discharge of an enlisted person until his return to the United States if he does not desire to reenter the service. It appears that upon his refusal to reenlist, the enlisted man was promptly ordered for "transfer to the United States for discharge".

Answering question (a), the enlisted man, if otherwise entitled, is entitled to his normal rate of pay until discharged in the United States.

Deciding question (b), inasmuch as the enlisted man was in a pay status until discharged in the United States, the time intervening between the normal date of expiration of enlistment, and the date of actual discharge is service for purpose of longevity. (File: MM/116-4 (390215-2), Feb. 14, 1940; Act. Comp. Gen. Dec. B-8565, Mar. 8, 1940.) (C.M.C. 1-1940 (98).)

Enlisted Men - Pay of Upon Expiration of Enlistment While Patient in Hospital; Misconduct Time Made Good. - An enlisted man, who enlisted in the Navy for 4 years on January 15, 1936, lost 8 days due to misconduct from January 23 to January 30, 1939, inclusive, and on January 15, 1940, executed an agreement to extend his enlistment for 3 years effective January 23, 1940. On January 14, 1940, the date of normal expiration of enlistment, he was a patient in a naval hospital, where he had been under continuous treatment (not misconduct) since October 24, 1939.

An extension of enlistment does not take effect until the original enlistment is complete (34 USC 184) and to be complete the time lost must be made good (34 USC 183). By reason of the 8 days lost during the normal period of enlistment, the enlistment in the case under consideration was automatically extended to January 22, 1940, and prior to the expiration of the enlistment as automatically extended, the man executed an agreement to extend his enlistment effective from the date following the actual date of expiration, namely, January 23, 1940. There is no valid reason for questioning the right of pay merely because the agreement to extend was subsequent to the normal date of expiration or because the enlisted man at the time was sick in line of duty and in a hospital. The date of expiration of enlistment was January 22, 1940, and the period January 15, to January 22, 1940, while sick in the hospital (not misconduct), is considered service to the same extent as the period beginning with the initial entrance into the hospital on October 24, 1939. The enlisted man is entitled to the pay of his grade to and including January 22, 1940, and to the enlistment allowance computed upon 4 years' service. (File: Asst. Comp. Gen. Dec. B-8774, Apr. 19, 1940.) (C.M.O. 1-1940 (99).)

Expenses in Case of Enlisted Man. - Expenses for medicines and medical attendance shall not be allowed in the case of enlisted men of the Navy or Marine Corps where the services of a naval medical officer can be had; nor shall they be allowed unless the sickness or injury has been promptly reported to the Chief of the Bureau of Medicine and Surgery by the officer in command; or if on detached duty, as at radio stations, sub-recruiting stations, with Naval Militia, etc., by the enlisted man himself as soon as able.

Expenses of Emergency Medical and Hospital Treatment of Enlisted Personnel. - Under a decision of the Assistant Comptroller General of the United States of June 27, 1944, the Navy Department will defray expenses of emergency medical and hospital treatment of enlisted personnel of the Navy and Marine Corps obtained from civilian sources while on leave or liberty where it is impracticable to obtain treatment from Navy or other Government facilities. This treatment should be limited strictly to emergency medical or hospital care as distinguished from elective treatment. This decision does not include officers, in view of Article 1189(1), N.R.)

TRANSPORTATION: Enlisted man injured while on authorized leave of absence -- return to station of duty.

An enlisted man was injured while on authorized leave of absence. In accordance with the recommendation of a naval medical officer that he return to his station of duty for hospital treatment, transportation was furnished to him by the Navy Recruiting Officer, Little Rock, Arkansas, from Little Rock, Arkansas to San Diego, California with the understanding that the cost involved would be checked against the man's accounts. Such checkage having been made, claim was submitted by said enlisted man for refund of the amount checked.

Previous decisions in similar cases have been to the effect that where a member of the naval service is on authorized leave of absence such leave is subsequently canceled, and the person concerned is ordered to return to his regular station of duty, the travel performed in returning to his regular duty station is not travel on duty entitling him to transportation at the expense of the Government (Comp. Gen. Dec. of June 14, 1930, A-32005, in case of Edward Woolcott Hewey; Morrow V. U. S. 65 Ct. Cls. 35; 9 Comp. Dec. 224). Applying these decisions to the present case held that the man in question was not in a duty status when proceeding from Little Rock, Arkansas to San Diego, California on transportation requests furnished him by the Navy Recruiting officer at Little Rock so as to entitle him to reimbursement of the cost of transportation thus furnished and subsequently checked against his accounts. (File: MM/L20-3 (301212), Dec. 22, 1930).

Policy relative to natives of Puerto Rico and Hawaii who
Deserve hospital treatment in proximity to their homes upon
discharge from service by reason of physical disability.

The Navy Department and the Veterans Administration by mutual agreement have adopted a policy whereby natives of Puerto Rico and Hawaii will be transferred to a suitable Navy Hospital and discharged from that point to a hospital designated by the Veterans Administration.

The requests for designation are forwarded in the same manner as in the continental United States to the Manager, Veterans Administration, San Juan, Puerto Rico, and Honolulu, Hawaii. The manager designates a suitable hospital to which the patients are transferred and discharged upon arrival. (NavPers ltr. Pers-66-MSW, Pers 10B dated Jan 31, 1944).

Public Law 300 - 78th Congress

AN ACT

To amend part II of Veterans Regulation Numbered 1(a).

Be it enacted by the Senate and House of Representatives of the United States of America in Congress Assembled, That Veterans Regulation Numbered 1(a), part II, be amended by adding thereto a new paragraph, numbered paragraph IV, to read as follows:

"IV. For the purposes of paragraph I hereof, as amended, any person who, on or after August 27, 1940, and prior to termination of the present hostilities, has applied or shall hereafter apply for enlistment or enrollment in the active military or naval forces and who was or shall be provisionally accepted and directed or ordered to report to a place for final acceptance into such military or naval service, or who was or is selected for service and after reporting pursuant to the call of his local board and prior to rejection, or who after being called in the Federal service as a member of the National Guard but before being enrolled for the Federal service suffered or shall suffer an injury or a disease in line of duty and not the result of his own misconduct, will be considered to have incurred such disability in active military or naval service; Provided, That payments of pension under the terms of this paragraph shall not be effective prior to the date of enactment of this amendment."

Approved May 11, 1944.

SUPERNUMERARY PATIENTS

Persons Considered Supernumeraries.

(a) All persons not on the active list of the Navy and Marine Corps are to be considered supernumeraries when admitted to a naval hospital for treatment.

(b) Specifically, the following are to be classed as supernumeraries. The authority for and method of admission, together with the procedure for obtaining reimbursement of hospital costs, are indicated in the following paragraphs.

Charges for Hospitalization of Supernumeraries.

Where specified in subsequent paragraphs, the charges for hospitalization will be collected directly from the patient and deposited with the disbursing officer for credit to the Appropriation Medical Department.

(a) The commanding officer shall designate a depository, who shall be an officer of the hospital staff.

(b) Patients who are required to pay the expenses of their hospitalization shall deposit at the time of their admission, sufficient funds to cover hospitalization charges for such advance period as the commanding officer may determine as reasonable, and shall thereafter be required to maintain sufficient funds in the hands of the depository to cover hospitalization charges for such additional advance periods as the commanding officer shall determine as reasonable.

(c) As often as the commanding officer may direct during a month, and on the last business day of each month, earned funds in the hands of the depository shall be delivered to a disbursing officer for credit to the Appropriation Medical Department, with the exception that of any funds earned on account of hospitalization of dependents of the Navy and Marine Corps personnel, 75 cents shall be deposited to the credit of the ship's service store fund. No advance deposits, as distinguished from earned funds shall be deposited to the credit of the Appropriation Medical Department.

(d) Supernumeraries from whom hospital charges are collected, as above, shall be reported on the ration return, as directed by the Manual of the Medical Department.

Sick days, except E.C.C. sick days, and subsistence days shall be computed in the same manner as for regular Navy patients.

(e) No allowances shall be made for unconsumed meals.

(f) If any patient from whom charges are to be collected locally is unable to pay for the hospitalization, or pay only in part, a report shall be submitted to show what action was taken toward collection, and the opinion of the commanding officer regarding the ability of the patient to meet the obligation.

Naval Reserves Except Fleet Reserves.

(a) Members of the Naval Reserve, except classes F3, F4, F5, and Marine Corps Reserve, class 2, may be retained in naval hospitals, in those cases where the period of active duty expires while a patient is in the hospital for treatment of a disease.

(b) Members of the Naval Reserve, except classes F3, F4, F5, and Marine Corps Reserve, class 2, may be retained in naval hospitals, as Employees' Compensation Commission patients, in those cases where the period of active duty expires while a patient is in the hospital, for treatment of an injury or occupational disease incurred in line of duty. No charges for subsistence or treatment shall be collected by the hospital.

(c) Members of the Naval Reserve of any class hospitalized for disease or injury, during the period of active duty, are to be handled as regular Navy and Marine Corps patients and not classed as supernumeraries, in which case no special reports are necessary.

Retired Officers, Nurses and Enlisted Men.

(a) Retired Officers, nurses, and enlisted men not on active duty may be admitted to any naval hospital upon the application of the individual and presentation of suitable identification. Submission of Ration Notice (S.&A. Form 35M) is required in case of retired officers and nurses only. No charges for subsistence or treatment shall be collected by the hospital. No report of hospitalization is required.

(b) The provisions of this article do not apply to retired officers on the Emergency Officers Retired List.

NOTE: Emergency Retired List - See page 54.

Wholly Retired Officers - See page 54.

Honorary Retired Officers and Enlisted Men - See page 52C.

Naval Reserve Retired Officers.

Naval Reserve officers retired with pay under acts of July 1, 1918, June 4, 1920, or June 12, 1921, may be admitted to any naval hospital upon the application of the individual and presentation of suitable identification. Submission of Ration Notice (S. & A. Form 35M) is required in each case. No charges for subsistence or treatment shall be collected by the hospital. No report of hospitalization is necessary.

Enlisted Men, Fleet Reserves, Classes F3, F4, F5, and M.C.2.

Members of the Fleet Reserve transferred thereto after 16 or more years' naval service may be hospitalized in naval hospitals upon application of the individual and presentation of suitable identification. Submission of Ration Notice (S. & A. Form 25M) is not required. No charges for subsistence or treatment shall be collected by the hospital. No report of hospitalization is required.

Naval Pensioners

(a) On Admission of a naval pensioner, a report will be made to the Director of Finance, Veterans Administration, Washington, D. C., directly, giving the pensioner's name, pension number, home address and date of admission.

(b) Prior to enactment of Public Law 144, Approved July 13, 1943, the pension of a naval pensioner who was admitted to a naval hospital was credited to the miscellaneous receipts in the Treasury Department, however the Administrator of Veterans Affairs has decided that there is no authority subsequent to July 13, 1943, to award and pay to the commanding officer of a naval hospital the pension or compensation payable to a veteran hospitalized in such institution as a naval patient but that such pension or compensation is payable direct to the veteran. (Opinion of the Solicitor, Veterans Administration, dated June 27, 1944, approved by the Administrator June 28, 1944, D-3,158,402.) It therefore appears that any pensioner admitted to a naval hospital regardless of whether he is a naval pensioner or a Veterans Administration beneficiary, will now be subject to the same laws and regulations as any other Veteran admitted to a Government hospital. (See Public Law 144, 78th Congress, page 95.)

Ex-naval personnel, Discharged, Retained in Hospital.

Regular Navy and Marine Corps enlisted men retained in naval hospitals after expiration of enlistment are entitled to hospitalization therein at Government expense. No charges for subsistence or treatment shall be collected by the hospital. Detailed report of hospitalization is not required.

Ex-naval Personnel, Honorably Discharged.

Ex-naval personnel who have been honorable discharged from the naval service and elect homes on receiving ships for a period of not more than 3 months may be admitted to any naval hospital upon the request of the commanding officer of the receiving ship any time during the 3 months' period. No charges for subsistence or treatment shall be collected by the hospital. Detailed report of hospitalization is not required.

Naval Reserve Officers' Training Corps.

Members of the Naval Reserve Officers' Training Corps requiring treatment while on active duty or requiring treatment for disease or injury incurred while on active duty, may be admitted to any naval hospital upon the request of the officer's commanding officer. No charges for subsistence or treatment shall be collected by the hospital.

United States Army Active List.

Officers, nurses, and enlisted men on the active list of the Army may be admitted to any naval hospital upon the written request of the individual's commanding officer or in the case of detached personnel, on their own request. No charges for subsistence or treatment shall be collected by the hospital.

NOTE: Due to a reciprocal agreement between the War and Navy Departments, all charges for hospitalization and treatment of Army and Navy personnel by the Army and Navy has been suspended during this national emergency (World War II) and for a period of 6 months thereafter. (See pages 103 A, G)

United States Army, Retired Officers, Nurses, and Enlisted Men.

Retired Officers, nurses, and enlisted men of the United States Army may be hospitalized in naval hospitals upon the application of the individual and presentation of suitable identification. The hospital shall collect subsistence charges as follows:

Retired officers, \$1 per diem.

Retired nurses and enlisted men at the rate of subsistence checkage applicable to Navy personnel as specified in the Annual Naval Appropriation Act.

Reserve Officers Training Corps (Army).

Members of the Reserve Officers' Training Corps may be admitted to any naval hospital upon the request of the individual's commanding officer or other competent authority. No charges for subsistence or treatment shall be collected by the hospital.

Civilian Military Training Corps (Army).

Members of the Civilian Military Training Corps may be admitted to any naval hospital upon the request of the individual's commanding officer or other competent authority. No charges for subsistence or treatment shall be collected by the hospital.

United States Coast Guard.

(a) Officers, enlisted men, and general court-martial prisoners of the Coast Guard may be admitted to any naval hospital upon the request of the individual's commanding officer, or in the case of detached personnel, on their own request. No charges for subsistence or treatment shall be collected by the hospital.

(b) Retired personnel of the Coast Guard are not entitled to hospitalization and may be admitted only in emergency and for humanitarian reasons. Collections shall be made from the individual concerned at the rate of \$3.75 per diem. (See page 55).

United States Coast and Geodetic Survey.

Officers and men on the active list may be hospitalized upon the request of the individual's commanding officer or the

Coast and Geodetic Survey Department of the Commerce Department. No charges for subsistence or treatment shall be collected by the hospital.

Veterans' Administration Patients.

(a) While Veterans' Administration beneficiaries shall be officially classed as supernumeraries, they shall, in other than official reports and correspondence, be designated "veterans" and not "supernumeraries." In reporting United States Veterans' Administration patients on statistical returns the abbreviation "VAP" shall be used.

(b) Under the agreement between the Navy Department and the Veterans Administration for the hospitalization of ex-service men, the prior individual authorization of the Veterans' Administration office having local jurisdiction is required in each case. The Veterans Administration will validate and reimburse the Navy Department only for those cases in which this procedure has been followed. In general, only medical and surgical cases requiring hospital treatment are to be admitted. In addition, neurological and certain psychoneuroses cases without frank mental symptoms and not requiring restraint, may be admitted for diagnosis. Cases of suspected tuberculosis also may be admitted for diagnosis. When diagnosed, cases of psychoneurosis and tuberculosis should be reported to the local Veterans' Administration authorities, with request for prompt removal to an appropriate Veterans' Administration facility.

(c) Veterans under treatment shall be required to conform to the regulations governing the internal administration of the hospital. Restrictive or punitive measures applied to this class of patients shall conform as nearly as possible to the instructions issued by the Administrator of Veterans' Affairs.

(d) All matters pertaining to admission, medical or other records, and discharge of veterans and correspondence regarding them shall be directed between the commanding officer and the regional manager of the Veterans' Administration. Correspondence involving questions of policy and administration, if addressed to the Veterans' Administration, should be forwarded via the Bureau. On admission to the hospital, each patient of the Veterans' Administration shall be assigned a case number from the Register of Patients, M. & S. Form 39. This number shall appear on all records of the patient during the period of hospitalization.

(e) Assignment of Veterans' Administration patients to working details should be in accordance with instructions from the Veterans Administration or its local representatives. It is assumed, however, that such patients will be available for such work as they may be able to do for the order and cleanliness of the part of the hospital they occupy. No charges for subsistence or treatment shall be collected by the hospital. The data necessary for reimbursement is obtained from MMS Form 36.

Federal Civil Employees -- Disability Examinations.

Federal civil employees may be admitted to any naval hospital upon the request of Civil Service Commission or authorized representative thereof, for the purpose of completing a physical disability examination. Expenses of such hospitalization will be borne by the Civil Service Commission only when proper authorization for hospitalization is obtained. No charges for subsistence or treatment shall be collected by the hospital.

State Department.

Foreign Service officers may be admitted to any naval hospital only upon specific authorization from the Bureau. No charges for subsistence or treatment shall be collected by the hospital.

Officers and Enlisted Men, Foreign Navies.

Members of foreign navies requiring hospitalization and treatment may be admitted to any naval hospital upon the request of the individual's commanding officer. No charges for subsistence or treatment shall be collected by the hospital.

Civil Employees, not E. C. C. patients.

Civil employees of the naval establishment may be admitted for humanitarian reasons to any naval hospital upon the request of the employee's official superior and within the discretion of the commanding officer of the hospital. The hospital shall collect from the individual the expense of hospitalization at the rate of \$3.75 per diem.

Hospitalization of Civil-Service Employees - Female.

BuMed-C-LET, P3-2/LL(084), 12 September 1944.

Female civil service employees may now be admitted to naval hospitals under the same conditions in all respects as are injured male civil service employees provided that suitable facilities for female patients are available.

BuMed. L. Sheldon, Jr.

Hospitalization and Medical Treatment of Transferred Members of
Fleet Reserve and Fleet Marine Corps Reserve.

Retired enlisted men of the Navy and Marine Corps and transferred members of the Fleet Naval Reserve and Fleet Marine Corps Reserve, transferred thereto after sixteen or more years' service, shall be considered to be veterans within the meaning of the laws relating to hospitalization under the Veterans' Administration, and shall be entitled to medical treatment or hospitalization at all Government hospitals without deduction from their retired pay or retainer pay of the sum of 75 cents per day for hospital rations while in a Government hospital. (June 11, 1930, ch. 402, 46 Stat. 556; July 3, 1920, ch. 863, #1, 46 Stat. 1016.)

Section 773, Title 34, U. S. Code.

Honorary Retired List.

The honorary retired list for the Naval Reserve was established by the Act of June 25, 1938 and provided that officers and enlisted men of the Naval Reserve shall be placed thereon without pay or allowances, upon reaching the age of 64 years, or upon their own request after 20 years service in the Naval Reserve. Within the discretion of the Secretary of the Navy, officers of the Naval Reserve who are found not physically qualified for active service on quadrennial examination may be placed on the honorary retired list. Also, the Secretary of the Navy may, in his discretion, discharge or place an officer of the Naval Reserve on the honorary retired list on account of age in grade when such officer has attained the age of 40 years if in the grade of Ensign or Lieutenant (jg), 46 years if in the grade of Lieutenant, 52 years if in the grade of Lt. Comdr., or 58 years if in the grade of Commander. Sec. 853C Title 34, U. S. Code provides that any member of the Naval Reserve, including those on the honorary retired list, may be ordered to active duty by the Secretary of the Navy in time of war or national emergency.

Ordinarily these Honorary Retired Officers are entitled to no pay, however, Section 855I provides that those who have performed a total of not less than 30 years' active duty or, under specified conditions, not less than 20 years' shall be entitled to 50 percent of their active duty pay.

As there is no provision of law for hospitalization by the Navy Department, of Naval Reserves, not on active duty, it is believed no authority of law exists for hospitalization by the Navy Department of members of the Honorary Retired List.

Err - see RUMD 8413
p. 428 (1945)

Dependents, Navy and Marine Corps Personnel.

(s) With the approval of the Secretary of the Navy, the naval hospitals to which dependents may be admitted are designated by the Surgeon General.

(b) Dependents of Navy and Marine Corps personnel may be admitted to any naval hospital which has been designated to admit dependents, in the following order of preference:

- (1) Dependents of Naval personnel on active list.
- (2) Dependents of retired personnel on active duty.
- (3) Dependents of reserve personnel (including transferred and retired) performing active duty other than training duty.
- (4) Dependents of retired naval personnel not on active duty.
- (5) Dependents of enlisted personnel transferred to the Fleet Reserve after 16 or 20 years naval service not on active duty.

(c) Hospitalization is not authorized for dependents of Naval Reserve or Marine Corps Reserve personnel (except as stated on (5) above) who are called to active duty for short periods of training.

(d) The term "dependent" shall include a lawful wife and unmarried dependent children, and the mother of the officer, nurse, or enlisted man, provided she is in fact dependent upon him (or her) for her chief support.

(e) The Commanding Officer of the hospital concerned shall determine the availability of suitable accommodations and the need for hospitalization. Availability shall be understood to mean suitable accommodations and facilities in excess of present or prospective current needs for naval personnel and other patients whose hospitalization is authorized by law.

(f) Dependents shall be admitted only for acute medical and surgical conditions. Chronic cases, mental cases, or those requiring domiciliary care only shall not be admitted.

(g) No dental treatment shall be administered.

(h) For each dependent admitted and for each day in hospital, the officer, nurse, or enlisted man concerned shall pay to the commanding officer of the hospital the sum of \$3.75 which sum shall be taken up and accounted for as public money.

(i) Dependents shall be entitled to receive professional care by naval medical officers, members of the Nurse Corps and members of the Hospital Corps to the extent possible within the hospital complement, and other intramural medical and hospital services, including blood transfusions. The services of civilian specialists or the furnishing of prosthetic, orthopedic or other appliances is not authorized at Government expense.

(j) Under the authority of article 1185, N. R., the policy to be observed in the expenditure of medical material as an incident to the hospitalization of dependents is as follows:

- (1) Only items on the supply catalog or supplementary supply catalog of the medical department or regularly carried in stock by the hospital shall be issued or dispensed. No purchases of other drugs or supplies shall be made for such issue except by authority of the Bureau.
- (2) Issues shall be made only on the prescription of a naval medical officer or dental officer for use or administration under his supervision.
- (3) No medical stores shall be issued on the prescription of a civilian practitioner or for self administration.

Emergency Officers Retired List.

By the act of May 24, 1928, emergency officers transferred to the retired list under the act are held by the Comptroller General "to be entitled to all hospitalization privileges and medical treatment as are now or may hereafter be authorized by the United States Veterans' Administration." The Secretary of the Navy is obligated to furnish treatment to those coming within the purview of that act only upon the request and at the charge of the Veterans' Administration. Except in emergency cases, therefore, when delay would cause great suffering or endanger life, these officers are to be treated only at the specific request of the Veterans' Administration. This same principle applies also to dispensary service.

Wholly Retired Officers.

A wholly retired officer may be described as an officer who has totally been separated from the service and is free from all obligations to the government other than such as concerns every citizen and likewise is entitled to no other Federal benefits other than those extended to a civilian. (Sec. 1454, L.R.N.A., 1921).

BUMED-R33-ECH:ejb
P3-2/NH(64-39)

17 May 1944

To: Commandants of Naval Districts, River Commands
and Air Training Commands.
Commandants and Commanding Officers of all
shore Stations.
Commanding Officers, U. S. Marine Corps.
Medical Department Inspectors.

Subj: Uniform Charge for Interdepartmental Hospitalization.

Ref: (a) Resolution adopted by Federal Board of Hospitali-
zation on 10 November 1943, approved by the President
on 22 November 1943.
(b) Bureau Circular Ltr F - Subj: Supernumerary Patients,
Appendix D, Man.Med.Dept., USN.

1. Effective on and after 1 July 1944, the uniform reciprocal rate of reimbursement for interdepartmental hospitalization will be \$5.00 per diem. This also will be the charge for supernumerary patients (other than dependents of naval personnel) from whom local collection of the hospitalization charge is made.

2. Net earned amounts received locally for hospitalization of supernumerary patients in naval hospitals shall be deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department, Navy". At other activities, these net collections shall be deposited for ultimate credit as follows: to the appropriation, "Medical Department, Navy" - \$4.20 per diem and the remaining \$0.80 per diem to the appropriation charged for the cost of furnishing the subsistence.

3. Specific instructions regarding the rate of reimbursement for hospitalization of dependents were issued in ALNAVSTA Ø 2, 1944, and remain in effect.

/s/L. SHELDON, Jr.
Rear Admiral (MC), USN
Acting Chief of Bureau

Coast Guard Personnel - Medical and Hospital Care by Medical Department of the Navy.

BUMED-C-LET, ET114/A3-1(081-40), 17 February 1944.

ACTION: ALL SHIPS AND STATIONS

1. Pursuant to an agreement entered into between the Coast Guard and the Navy, the following directives regarding medical treatment and hospitalization of Coast Guard personnel were published to the naval service by BuPers. Circ. Ltr. No. 150-41, 9 December 1941:

(a) Public Health Service medical officers now on duty in Coast Guard vessels and at Coast Guard stations will be retained in service.

(b) Naval hospitals are available and will be used for hospitalization of all Coast Guard personnel in an emergency. In general, however, Coast Guard men serving in local defense or naval district forces will be sent to Public Health Service hospitals if available, while Coast Guard men serving in seagoing vessels will be sent to naval hospitals.

(c) Personnel discharged from naval hospitals will, if practicable, be returned to vessels from which received, otherwise to be transferred to the nearest Coast Guard district officer for duty.

(d) When Coast Guard personnel are transferred (from vessels or stations outside continental United States) to naval hospitals, their records and pay accounts will accompany them or be transmitted as soon as practicable. (The pay accounts and records of Coast Guard personnel transferred to naval hospitals from shore activities in the United States will be retained at the Coast Guard activity from which such personnel are transferred.)

2. It appearing, however, that the existing relationship between the Navy and the Coast Guard with respect to medical and hospital care is not fully understood, the following instructions are issued to supplement and interpret the above:

3. The medical, dental, and hospital facilities of the Navy are available for care and treatment of Coast Guard personnel on active duty whenever and wherever required, and should be employed interchangeably with the medical and hospital services of the Public Health Service (Public Health relief stations and Public Health (marine) hospitals) to afford maximum aid to the sick and injured of the Coast Guard and restore them to duty at the earliest possible date. If the facilities of the Public Health Service are more readily available, and are adequate for the need, they should be used, but this same policy of ready availability should apply equally in the use of Navy facilities.

4. Coast Guard personnel will be admitted to out-patient, in-patient, or hospital care in the facilities of the Medical Department of the Navy, afloat or ashore:

(a) On request of the individual's commanding officer or other recognized superior, or, in the case of detached personnel, on the request and identification of the individual. The request may be on NavMed Form G (Hospital Ticket), Coast Guard Form 2522 (Application to the U. S. Public Health Service for Relief for the Personnel of the U. S. Coast Guard), or by letter. An original verbal request is to be confirmed in writing.

(b) On admission, Coast Guard personnel will be regarded as supernumerary patients. From continental stations (including all activities in the 13th, 14th, and 15th Naval Districts) the following reports are required to be submitted:

(1) Hospitalization or in-patient care in naval hospital or dispensary:

Forward monthly report in quintuplicate required by the Manual of the Medical Department, and paragraph 15, Bu. Circ. Ltr. F, Subject: Supernumerary Patients, Appendix D, ManMedDept. For fiscal year 1944, per diem patient charge is \$4.25, which reimbursement is effected by BuMed. Forward Federal Security Agency, U. S. Public Health Service (June 1941), completed Form 1971 F to the Surgeon General, U. S. Public Health Service, in the case of each Coast Guard hospitalized. If forms are not on hand, they may be obtained by requesting same from the Public Health Service, Washington, D. C., Bethesda Station.

(2) Out-patient examination, treatment, etc., reports:

At present there is no charge for out-patient service and treatment of Coast Guard personnel and no report of such examinations or treatments are required by this Bureau or Coast Guard Headquarters. However, necessary entries shall be made in the health record of each individual treated or examined.

(3) When indicated, a monthly summary of dental treatment administered to Coast Guard personnel shall be submitted by the rendering naval activity in the form of a supplementary NavMed Form K, marked "C.G." above the heading.

(c) The report of death required by articles 908 and 1513, Navy Regulations, 1920, shall be despatched to SecNav. Certificate of Death (NavMed Form N) shall be prepared in quintuplicate, 4 copies to be sent to Headquarters, Coast Guard, and one copy to BuMed as in the case of other supernumeraries.

(d) Reports to Coast Guard.

(1) From all ships and all stations outside continental limits except stations in 13th, 14th, 15th Naval Districts.

The only report required in connection with hospitalization of Coast Guard personnel is the Individual Statistical Report of Patient (NavMed Form Fa), which shall be completed in each case in accordance with the instructions applicable to naval personnel and forwarded direct to Coast Guard Headquarters, Washington, D. C. The completion of these statistical cards and proper entries in the health records is of utmost importance both to the Government and to the individual and should receive first attention from those charged with the custody of the health records of the personnel concerned. Subsistence charges for officers hospitalized shall be collected locally and proper receipts furnished. In case of enlisted personnel of the Coast Guard, the rations furnished shall be reported on separate Ration Memoranda (NavS&A Form 27).

(2) From continental stations and stations in 13th, 14th, and 15th Naval Districts.

(a) To Coast Guard Headquarters, Washington, D. C.

NavMed Form Fa (Individual Statistical Report of Patient).

Original and 3 copies NavMed Form N in each case of death of Coast Guard personnel.

(b) To Commanding Officer of patient.

Copy of NavMed Form Fa (Individual Statistical Report of Patient).

Original and 3 copies NavMed Form M (Report of Medical Survey).

Forward to Headquarters, Coast Guard, via the commanding officer of the unit to which patient is attached or via district Coast Guard officer of the naval district in which the naval hospital is located.

5. Coast Guard patients in naval hospitals who are psychotic and in need of institutional care may be transferred to St. Elizabeths Hospital, Washington, D. C., or to the Public Health Service Hospital, Fort Worth, Texas, in the same manner as members of the naval service. Transportation requests either should be issued by the Coast Guard activity, or if Navy transportation requests are used such requests should bear notation that the cost thereof is chargeable to the current appropriation "Pay and Allowances, Coast Guard."

6. Disposition of the dead. (a) When deaths of Coast Guard personnel occur in ships or stations of the Navy, or where it is necessary that the Navy, acting for the Coast Guard, shall assume control of the situation, unless Coast Guard authority directs otherwise, the care, transportation, and/or burial of the dead shall be arranged in the same manner as for Navy dead, but all expenses shall be billed to or reimbursed by the Coast Guard, and all reports shall be transmitted to that activity (1 copy NavMed Form N to BuMed). Vouchers drawn in payment for such services shall show the appropriation "General Expenses, Coast Guard" current at the time the expenditure is incurred as the appropriation chargeable. Such vouchers shall be forwarded to the Commandant, U. S. Coast Guard for payment.

(b) Whenever possible, the Coast Guard (the command to which the deceased was attached, if practicable; otherwise, the Commandant, Coast Guard) shall be called on to notify the next of kin of the death and obtain all required instructions for disposition of the body. The Coast Guard, in all instances, should be required to take charge of or issue instructions for disposition of the personal effects of the deceased.

(c) Where Navy contracts are available they shall be used for Coast Guard dead. Invoices received for such services shall be vouchered showing the current appropriation "General Expenses, Coast Guard" and the appropriation chargeable. The voucher, when complete, should be forwarded to the Commandant, U. S. Coast Guard, Washington, D. C. for settlement. If the body is to be shipped accompanied by escort, the transportation request either should be issued by a Coast Guard activity or, if Navy transportation requests are used, such requests should bear notation that charges are payable by the Coast Guard and chargeable to the appropriation "General Expenses, Coast Guard." Similarly, if the body is to be shipped by express, the bills of lading shall specify that the carrier is to bill U. S. Coast Guard, Washington, D. C. Bill of lading shall bear notation that the charges are payable from the appropriation "General Expenses, Coast Guard." Navy standard caskets, for which reimbursement would be required, shall be used only in emergency.

7. Navy Medical Department equipment and supplies; issue and accountability. BuMed will furnish medical and dental equipment and supplies carried on the Navy Medical Supply Catalog to Coast Guard activities, both ashore and afloat, including new construction and expansion, without charge to the Coast Guard. However, issue of such material will be subject to the same current instructions applicable to naval activities under similar circumstances. In this connection, attention is particularly invited to the following:

(a) Only those items listed in the Medical Department Supply Catalog will be supplied by this Bureau.

(b) Coast Guard activities are required to submit Nav Med Form 4 requisitions in accordance with instructions contained in Commandant, U. S. Coast Guard letter of 9 December 1943 (CG-423-(RM)).

(c) Naval Medical Department activities are authorized to make emergency issue of medical supplies (expendable items) to Coast Guard vessels upon receipt of the prescribed letter request. Such issues are subject to the approval of the issuing activity. Items issued should be invoiced on NavS&A Form 71 or 127 which shall be receipted by the receiving activity. A signed copy of such voucher shall be submitted to BuMed by the issuing activity (BuMed ltr, AL-1/OS13(023), dated 13 Apr. 1943). As the items issued are to be transferred without reimbursement, notation to that effect should be made on the invoice forms.

(d) It is pointed out that certain material needed in medical spaces, both on board ship and ashore, is provided by other Navy Department bureaus. To this extent, and as further modified by current instructions, issue of such material is not authorized by the provisions of this letter.

8. The above instructions have been approved by the Coast Guard.

Reimbursement Covering Hospitalization of Navy Personnel in Public Health Service (Marine) Hospitals and Coast Guard Personnel in Navy Hospitals, Suspension of

BuMed-EA-GJS, ET114/A3-1(081-40), 11 November 1944

ACTION: ALL SHIPS AND STATIONS

- (Ref: (a) BuMed circ. ltr. of 23 July 1943; N. D. Bul. Cum. Ed. 1943, P. 480.
(b) BuMed circ. ltr. of 17 Feb. 1944; N. D. Bul. of 29 Feb. 1944, 44-222).

1. Public Law 373, 78th Congress, making appropriations for the maintenance and operation of Public Health Service (Marine) Hospitals, etc., for the fiscal year 1945, contains the following provisions:

"this appropriation shall be available for the expenses incurred in furnishing medical and hospital treatment, including dental care, to active duty personnel of the Navy and Marine Corps, and the appropriation under this head for the fiscal year 1944 shall be considered as having been available for such expenses from January 1, 1944."

2. Pursuant to the authority contained therein an agreement has been entered into with the Public Health Service, similar to the one in effect with the Army (ref. (a)), whereby Navy and Marine Corps personnel and Coast Guard personnel will be provided treatment by the respective Medical Departments of the Navy and Public Health Service, without reimbursement, on a reciprocal basis, retroactive to 1 January 1944. This agreement applies to Public Health Service (Marine) Hospitals and other established medical relief facilities of the Public Health Service, but does not include services rendered through the medium of private or contract facilities of that service. The personnel covered by the agreement includes active duty personnel of the Navy and Marine Corps, of the Commissioned Corps of the Public Health Service, and of the Coast Guard.

3. Officer personnel of the several services will be required to defray personally the cost of subsistence when hospitalized in a hospital or through a Medical Department unit of the other service, except private or contract facilities of the Public Health Service, which will continue to bill this Bureau direct for hospitalization of Navy patients. Instructions regarding rate, collection, and disposition of charges for subsistence as outlined in paragraph 5 of reference (a) shall be carried out.

4. During the existence of this agreement and until further notice, NavMed Form U reports of hospitalization in Public Health Service (Marine) Hospitals will not be required, nor will there be required the other detailed reports heretofore submitted for the purpose of accomplishing

reimbursement of the funds of the respective departments. The reports other than financial required by the Coast Guard are specified in ref. (b).

5. The Public Health Service facilities will notify the duty stations of the individual Navy or Marine Corps patients admitted for treatment, giving diagnosis, dates of admission and discharge, and on discharge copy of the clinical history of the case. The duty station of such individual shall see that his health record is maintained and disposed of in accordance with the instructions of paragraph 2213(b), Manual of the Medical Department.

--BulMed. Ross T McIntire

BUMED-F33-ECH:ejb
ETLH/A3-1(081-40)

9 Jan 1945

To: All Naval Hospitals, Convalescent Hospitals and Hospital Ships.

Subj: Subsistence charges - U. S. Coast Guard Officers and Commissioned Corps, U. S. Public Health Service; Local collection of.

Ref: (a) BuMed Cir Ltr F (Revised May 1944) Subj: Ration Record, NavMed HF-36, Appendix D, ManMedDept, USN.
(b) BuMed ltr ETLH/A3-1(081-40) dated 11 Nov 1944, N.D. Bulletin 44-1267, 15 Nov 1944.
(c) Art. 2150-17 (d)(2)(c), BuSanda Memoranda.

1. The Bureau has noted in numerous instances, that addressees are not complying with the instructions contained in ref (a) and par. 3 of ref (b), which require that charges for subsistence of Coast Guard officers be collected locally.
2. In compliance with the instructions in ref (a) and (b), charges for subsistence furnished all U. S. Coast Guard officers, including the Women's Reserve, while patients in a naval activity, shall be collected locally from the individual at the rate specified in the annual Naval Appropriation Act. Such collections shall be made in accordance with the instructions contained in ref (c). Funds so collected shall be deposited with the disbursing officer for ultimate credit to the appropriation charged with maintaining the mess, prior to the close of business on the last day of the month. Addressees shall report detailed data, applicable to these patients, on line 6 of Section G of the monthly Ration Record NavMed HF-36. Detailed reports of hospitalization are not required.
3. Charges for subsistence furnished officers of the Commissioned Corps of the U. S. Public Health Service, while patients in a naval activity, shall also be collected locally in accordance with the above instructions. Detailed data, applicable to these patients shall be reported on line 7 of Section G of the monthly Ration Record, NavMed HF-36. Detailed reports of hospitalization are not required.

/s/ ROSS T McINTIRE
Vice Admiral (MC), USN
Chief of Bureau

Free Medical Care and Hospitalization for Merchant Seamen;
Medical Care Without Charge to Sick or Injured Merchant Seamen
While Being Repatriated to the United States.

Op13-H/hjm, Serial 216313, 8 November 1943

Action: All Ships and Stations Outside the Continental Limits
of the United States.

1. Authority is hereby granted for the care and treatment by the facilities of the Medical Department of the Navy afloat and ashore of American Merchant Seamen requiring such aid.
2. Authority is likewise granted for the evacuation of sick or injured merchant seamen requiring medical or nursing care on ships of the Navy having adequate medical facilities for administering such care.
3. The treatment and care authorized in paragraphs 1 and 2 shall be without expense to the United States Public Health Service or to the seamen themselves and shall only be granted when facilities normally provided by the ship owners or American consular officer are not available.

Medical Care and Hospitalization of Merchant Seamen

Opl3-1H/mem, Serial 341613, 13 September 1944

Action: All Ships and Stations Outside the Continental United States.

(Ref.: (a) CNO ltr. serial 216313, of 8 Nov. 1943; N.D. Bul. Cum. Ed. 1943, 43-1578, P. 360.)

1. In reference (a) the Chief of Naval Operations authorizes the care and treatment of American Merchant seamen requiring such aid by the facilities of the Medical Department of the Navy afloat and ashore outside the continental limits of the United States, and also the evacuation of sick or injured merchant seamen requiring medical care or nursing in ships of the Navy having adequate medical facilities. In reference (a) it is stated that this care, treatment, and evacuation shall be without expense to the United States Public Health Service or to the seamen themselves, but shall be granted only when facilities normally provided by the ship owners or American consular offices are not available.

2. As used in reference (a) and paragraph 1 above the words "American Merchant seamen" shall be construed to mean the officers and crews of vessels owned by or bare-boat chartered or time-chartered to the War Shipping Administration, including foreign flag vessels so operated by the War Shipping Administration and alien seamen included among the officers and crews of any such vessels.

BUMED:F33-ECH:ejb
All/EEL2(014-43)

1 July 1944

To: MedOfCom, NavHosp, _____.

Subj: Cadet Nurses - Reporting of hospitalization of.

Ref: (a) Act of June 15, 1943, Public Law No. 74,
78th Congress.
(b) Act of March 4, 1944, Public Law No. 248,
78th Congress.
(c) Chapter XV, Man. Med. Dept., USN.
(d) Bur. Cir. Ltr. C-Subj: Injured Civil Employees
Appendix D, Man. Med. Dept., USN.
(e) United States Employees' Compensation Commission
Regulations Governing the Administration of the
United States Employees Compensation Act of
September 7, 1916, as Amended, Relating to Civil
Employees of the United States, and as Extended
to Emergency Relief Employees and Others, effec-
tive June 1, 1938, as amended to June 30, 1939.

1. Ref (b) amended ref (a) to the extent that during the period of training, student nurses shall also be entitled to necessary medical and hospital care in Federal hospital facilities. Should any student nurse so transferred and in training suffer disability or death while in the performance of duty, she or her dependents shall be entitled under the same conditions and to the same extent, to the benefits which are provided for civil employees of the United States by the Act of September 7, 1916, as amended (39 Stat. 742; 5 U.S.C. 751-793).

2. Therefore, in addition to maintaining complete individual medical case records, and the submitting and reporting of the subject personnel in the same manner as naval personnel in accordance with current instructions of ref (c), all of the prescribed Employees' Compensation Commission forms shall be completed in each individual case and forwarded directly to the Commission in accordance with the instructions outlined in ref(d) and (e). However, the prescribed E.C.C. forms and reports shall be submitted to the Employees' Compensation Commission in every case of illness or injury of a cadet nurse, whether or not disability has arisen and whether or not such illness or injury was sustained in the performance of duty. The completion of these medical records and forms is of utmost importance both to the Government and to the individual and should receive prompt attention from those charged with the custody of the medical records of the personnel concerned.

3. Inasmuch as no reimbursement for the hospitalization of these personnel will be obtained by the Bureau, detailed reports of hospitalization of cadet nurses are not required, neither shall they be included in reports of hospitalization of beneficiaries of the Employees' Compensation Commission.

4. Cadet nurses shall be reported on NavMed Form F card and listed alphabetically on the monthly NavMed Form F "Abstract of Patients" in a separate Group under "Supernumeraries."

UNITED STATES MERCHANT MARINE

United States Merchant Marine - Defined.

The United States Merchant Marine is a civilian organization comprised of the publicly and privately owned commercial vessels of the United States (as distinguished from the United States Navy) operating offshore, and the personnel of these vessels. (Harbor craft and small craft operating on inland waterways and their personnel are not included.)

Medical Supplies.

(a) The United States Public Health Service Hospitals by law provide for hospitalization of merchant seamen within the United States, Alaska, Canal Zone, Hawaii, and Puerto Rico. Where no public health facility exists, medical service and hospitalization may be obtained at the nearest private hospital. Prompt notices, in such instances, should be sent to the ship owner or operator, giving full information concerning the situation and asking for specific instructions. It is not necessary that the illness be service-connected for treatment in a United States Public Health Service hospital; however, it is required that the seaman be admitted to the hospital within sixty days after his return to this country. There is no limit to the length of time the seaman may be hospitalized. Out-patient treatment may be obtained at relief stations. A list of United States Public Health Service hospitals and relief stations may be found in A & S letters.

(b) The War Shipping Administration's Recruitment and Manning Organization maintains medical admitting offices in Boston, New York, Philadelphia, Baltimore, Norfolk, Mobile, New Orleans, San Francisco, Los Angeles, and Seattle. Representatives of these offices meet survivors and repatriated seamen returning to American ports and refer these according to their needs, to United States Public Health Service Hospitals or Relief stations or to the rest homes maintained by the United Seamen's Service, Inc.

(c) Army and Navy regulations provide for care of American merchant seamen in Army or Navy hospitals outside the continental limits of the United States during time of war. If there is no Army or Navy hospital available, seamen are generally entitled to care in private hospitals. In such instances, arrangement for treatment is made through shipping agents who are stationed at all ports throughout the world and whose presence at these ports is known to merchant seamen.

45-498 - Hospitalization of U. S. Merchant Marine Seamen and U. S. Maritime Service Personnel

BUMED-F33-ECH:ejb, P3-2/QS1, 12 May 1945

Action: All Ships and Stations

(Ref.: (a) Bureau Circ. Ltr. F (revised May 1944), subj.: Ration Record, Nav-Med HF-36, app. D, ManMedDept, USN: AS&SL Jan.-June 1944, 44-618, p. 391.)

1. Confusion exists in the field as to who is a beneficiary of the War Shipping Administration. Numerous bills requesting reimbursement from the War Shipping Administration for the hospitalization of patients reported in detailed reports of hospitalization as U. S. Maritime Service personnel have been disallowed because many of the patients reported as beneficiaries of the U. S. Maritime Service are actually bona fide merchant seamen and are therefore beneficiaries of the U. S. Public Health Service.

2. Bona fide merchant seamen on U. S. ships are beneficiaries of the U. S. Public Health Service, even though they may be wearing the uniform of the U. S. Maritime Service. Many merchant seamen on merchant ships are members of the U. S. Maritime Service in an inactive-duty status and, as such, are entitled to wear the uniform of their rating or grade in the U. S. Maritime Service. However, such personnel are beneficiaries of the U. S. Public Health Service and should be reported on the Ration Record, Na Med HF-36, as merchant-marine personnel. Personnel in the following groups are the only ones for which the Training Organization, War Shipping Administration, is responsible for medical services and they are the only personnel to be reported as U. S. Maritime Service beneficiaries:

Group I - Cadets of the State maritime academies

Group II - Enrollees in the U. S. Maritime Service on active duty

Group III - Cadets of the U. S. Merchant Marine Cadet Corps

3. In order to eliminate unnecessary correspondence and clerical work, and in order to expedite the processing of bills and the receipt of reimbursement, addressees are directed to determine the exact status of subject personnel and to report them accordingly in detailed reports of hospitalization or other reports submitted to this Bureau.

4. Reference is hereby modified to include paragraph 2 in the instructions applicable to lines 71 and 72.

--BuMed. Ross T McIntire

BuMed Cir Ltr
P3-2/NH(064-39)
8 Jun 1944

0060

INSTRUCTIONS GOVERNING HOSPITALIZATION OF DEPENDENTS OF NAVAL
PERSONNEL, AND HOSPITALIZATION OR DISPENSARY CARE OF CERTAIN OTHER
PERSONS

DEPENDENTS OF NAVAL PERSONNEL

SECTION I. GENERAL PROVISIONS

Definition of Dependents:

The term "dependents" shall include a lawful wife, unmarried dependent child (or children) under twenty-one years of age, and the mother or father of a member of the Navy or Marine Corps if in fact such mother or father is dependent on such member. The term "child (or children)" shall include a natural or adopted child or stepchild. The widows of deceased naval and Marine Corps personnel shall be entitled to hospital care in like manner as dependents. (See (5)(d)).

Designation of Hospitals:

With the approval of the Secretary of the Navy, the Surgeon General shall designate the naval hospitals to which dependents shall be admitted, and from time to time may designate additional hospitals for this purpose, or withdraw such designation.

Admission:

The Commanding Officer of the hospital concerned shall determine the availability of suitable accommodations and the need for hospitalization. "Availability" shall be understood to mean suitable accommodations and facilities in excess of present or prospective needs for naval personnel and other patients whose hospitalization is authorized by law.

Type of Cases to be Admitted:

Dependents shall be admitted only for acute medical and surgical conditions, exclusive of nervous, mental or contagious diseases or those requiring domiciliary care. Dental treatment shall be administered only as an adjunct to in-patient hospital care and shall not include dental prosthesis or orthodontia.

Eligibility:

Dependents as follows are eligible for hospitalization:

- (a) Dependents of personnel of the regular Navy and Marine Corps on the active list.
- (b) Dependents of retired personnel of the regular Navy and Marine Corps on active duty.
- (c) Dependents of reserve personnel (including transferred and retired) performing active duty other than training duty.
- (d) Dependents of retired personnel of the regular Navy and Marine Corps not on active duty; widows of personnel of the regular Navy and Marine Corps; the widow of any member of the reserve forces who dies while on active duty which is permanent in character; and the widow of any member of the reserve forces who dies while on active duty during war or national emergency.
- (e) Dependents of enlisted personnel transferred to the Fleet Reserve after 16 or 20 years' naval service, not on active duty, including widows of such personnel.

Hospitalization is not authorized for dependents of members of the Naval Reserve or Marine Corps Reserve (other than transferred members of the Fleet Reserve or Fleet Marine Corps Reserve) who are called to active duty for short periods of training duty.

Services and Supplies:

Dependents shall be entitled to receive all intramural medical and hospital services, including blood transfusions. The service of civilian specialists or the furnishing of prosthetic, orthopedic or other appliances is not authorized at Government expense. The policy to be observed in the expenditure of medical material as an incident to the hospitalization of dependents is as follows:

- (a) Only items in the Supply Catalog or Supplementary Supply Catalog of the Medical Department shall be issued or dispensed. No purchases of other drugs or supplies shall be made for such issue except on authority of the Bureau.
- (b) Issues shall be made only on the prescription of a naval medical officer or naval dental officer for use or administration under his supervision.
- (c) No medical stores shall be issued on the prescription of civilian practitioners or for self-administration.

Delete -
See Page 65A

Coast Guard:

During such periods as the Coast Guard may operate as a part of the Navy, dependents of Coast Guard personnel shall be entitled to hospitalization in like manner and to the same extent as dependents of personnel of the Navy and Marine Corps.

Finances:

For each dependent admitted and for each day in hospital, the member of the Navy or Marine Corps concerned, or the agency acting for him, shall pay to the Commanding Officer of the hospital or his designated agent the sum of \$1.75, which sum shall be taken up and accounted for as public money. In the case of widows, payment shall be made by or in behalf of the patient.

Beyond Continental Limits:

Outside of the continental limits of the United States and in Alaska, the above directives shall apply not only to naval hospitals but also to the in-patient care of dependents at naval dispensaries and other Navy medical department activities.

SECTION II. FINANCES

Funds collected for hospitalization of naval personnel are to be taken up and accounted for as public money in accordance with the instructions of BuSanda letter LLO-5(1)/NH(AB), 7 Apr 1943. (This letter is for application only at activities which have been authorized to hospitalize dependents. Copy obtainable on request to BuMed). The Commanding Officer, in consultation with the Disbursing Officer, will assign from the staff of the hospital a commissioned officer, commissioned warrant officer, or warrant officer for duty as "Agent Cashier" to receive the payments from or on behalf of dependents.

Payment for hospitalization shall be made by the officer, enlisted person or agent on whom the patient is dependent prior to discharge of patient from hospital, at the end of each week, or at the end of each semi-monthly or monthly period, as the Commanding Officer may direct. Payment at the close of each calendar month shall be required in all cases.

The Commanding Officer in any case and at his discretion may require an advance deposit of a sum sufficient to cover the probable number of days of hospitalization, and may thereafter require that sufficient funds be maintained on deposit to cover additional advance periods.

On the last business day of each month, and at such other times as the Commanding Officer shall direct, sums to cover the number of hospital days accrued shall be delivered to the Disbursing Officer in reimbursement of the appropriation involved, as follows:

At naval hospitals, to the appropriation "Medical Department", \$1.75 per diem

At dispensaries,

To the appropriation "Medical Department", \$0.95 per diem

To the appropriation bearing cost of subsistence \$0.80 per diem

Civilian employees required for the hospitalization of dependents shall be employed in accordance with Civil Service Form 2009, "Regulations Governing the Employment of Civil Personnel in the Field Service of the Navy Department" and shall be paid in accordance with the current "Schedule of Wages".

SECTION III. OUTSIDE CONTINENTAL UNITED STATES - PERSONNEL AND DEPENDENTS OTHER THAN NAVY

Hospitalization and dispensary service (both out-patient and in-patient) may be provided at naval hospitals and dispensaries outside of the continental limits of the United States and in Alaska to officers and employees of any department or agency of the Federal Government, to employees of a contractor with the United States and his subcontractor, to dependents of such persons, and in emergency to such other persons as the Secretary of the Navy may prescribe, but only where facilities are not otherwise available in reasonably accessible and appropriate non-Federal hospitals. Such hospitalization and dispensary service may include:

- (a) Personnel of the U. S. Army, and
- *(a) (1) Dependents of such personnel.
- (b) Officers or employees of any department or agency of the Federal Government, and
- *(b) (1) Dependents of such personnel.
- *(c) Civil employees of the Navy Department or Naval establishment, and the dependents of such personnel.
- *(d) Employees of Navy contractors and dependents of such employees residing on the reservation.

- (e) Employees Compensation Commission beneficiaries.
- (f) Officers and crews of the U. S. Merchant Marine.
- (g) Officers and crews of U. S. air lines.
- (h) Military and naval personnel, United Nations.
- *(i) Humanitarian cases, any class, whether indigent or non-indigent.
- (j) Shipwreck or enemy action refugees.
- (k) Civilians accredited as "Technicians" for service with Navy overseas.

Except as to official patients of other Federal services, including Employees Compensation Commission beneficiaries and also the military and naval personnel of the United Nations (the medical and hospital care of whom is provided for by other laws and regulations) the rates for hospitalization or dispensary service outside of the Continental limits of the United States and in Alaska for personnel as specified in the preceeding paragraph shall be as follows (Executive Order 9411, 23 Dec 1943):

Each out-patient treatment, examination or consultation	\$1.00
In-patient treatment	5.00 per diem

All applicable instructions governing hospitalization of dependents of naval personnel in naval hospitals shall apply equally to the hospitalization and in-patient treatment provided under the preceeding paragraph and this paragraph.

* For those classes marked with an asterisk local collections shall be made and accounted for as follows:

- (a) In accordance with AINAVSTA 02, 1944, no charge shall be made for supernumerary patients hospitalized at fleet and base hospitals and detailed reports of supernumerary patients hospitalized are not required.
- (b) Naval hospitals outside the continental limits of the U. S. shall be guided by the instructions contained in BuCirc Ltr F. - Subject: "Ration Record" - insofar as applies to the submission of detailed reports of hospitalization of supernumerary patients and the reporting of local collections therefrom.
- (c) Detailed reports of hospitalization of supernumerary patients are not required from dispensaries outside the continental limits of the U. S. and in Alaska except when collections for such hospitalization have been effected locally. The reports shall then be submitted in accordance with the instructions contained in preceeding paragraphs.

SECTION IV. IN-PATIENT SERVICE

Medical Department activities within continental United States other than naval hospitals (such as dispensaries equipped for in-patient care) may be authorized by BuMed to institute in-patient care (hospitalization) for dependents of naval personnel provided:

- (a) The activity is in an isolated locality or where civilian hospital facilities are inadequate or unavailable;
- (b) That adequate and properly segregated facilities are available; and
- (c) That such in-patient care can be accomplished with presently attached Medical Department personnel.

Where specifically so authorized, in-patient care shall be on the same basis and subject to the same regulations, restrictions and accounting procedures as apply to hospitalization in naval hospitals and as set forth in preceding paragraphs of this letter.

BUMED-C-LET
P3-2/NH(064-39)

28 Sep 1944

To: ComdtsNavDists, RiverComs, and NATraComs
Comdts and COs, NavShoStas
CGs and COs, MarCorps Activities

Subj: Hospitalization and medical care of dependents of
naval personnel and others.

Ref: (a) BuMed Cir Ltr P3-2/NH(064-39), 8 Jun 1944.

1. Paragraph 1 (6) (a), which reads as follows, is hereby deleted from reference:

"(a) Only items in the Supply Catalog or Supplementary Supply Catalog of the Medical Department shall be issued or dispensed. No purchases of other drugs or supplies shall be made for such issue except on authority of the Bureau."

2. Experience indicates that the restriction imposed by this sub-paragraph is incompatible with the responsibility assumed when a dependent is admitted for in-patient care and treatment.

/s/ ROSS T. McINTIRE
Vice Admiral (MC), USN
Chief of Bureau

EMERGENCY MATERNITY AND INFANT CARE OF DEPENDENTS OF CERTAIN
ENLISTED MEN

Public Law 156 - 78th Congress

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That the following sums are appropriated, out of any money in the Treasury not otherwise appropriated, for the fiscal year ending June 30, 1944 under the Children's Bureau, Department of Labor, namely:

Grants to States for emergency maternity and infant care (national defense): For an additional amount for grants to States, including Alaska, Hawaii, Puerto Rico, and the District of Columbia, to provide, in addition to similar services otherwise available, medical, nursing, and hospital maternity and infant care for wives and infants of enlisted men of the fourth, fifth, sixth, and seventh grades in the armed forces of the United States, under allotments by the Secretary of Labor and plans developed and administered by State health agencies and approved by the Chief of the Children's Bureau, \$18,600,000: Provided, That this appropriation may be used for payments of commitments made prior to October 1, 1943, in the cases of wives and infants of enlisted men in grades one, two, and three.

Salaries and expenses, emergency maternity and infant care (national defense): For all necessary expenses of the Children's Bureau in performing the duties imposed upon it in carrying out the program for emergency maternity and infant care, including personal services in the District of Columbia and elsewhere, and other items otherwise chargeable to the appropriations of the Department of Labor for contingent expenses, traveling expenses, and printing and binding, \$20,000.

Approved October 1, 1943.

(See pages 70, 71, 72, 73, 74, 75, & 76)

HOSPITALIZATION OF DEPENDENTS - Public Law 51 - 78th Congress

Public Law 51 - 78th Congress provides for the hospitalization of dependents of Naval and Marine Corps personnel at such per diem or other rate as may be prescribed by the President. The term "dependents" shall include a lawful wife, unmarried dependent child (or children) under 21 years of age, and the mother and father of a member of the Navy or Marine Corps if in fact such mother or father is dependent on such member ----. Hospitalization of the dependents of Naval and Marine Corps personnel - - - shall be furnished for acute medical and surgical conditions, exclusive of nervous, mental, or contagious diseases or those requiring domiciliary care.

Prior to the enactment of this law, hospitalization was furnished to dependents of Naval personnel under the authority of the Army appropriation act of July 5, 1884 and the Navy personnel act of March 3, 1899. The first of these acts provided that medical officers of the Army shall, whenever practical, attend the families of officers and soldiers free of charge. The second extends to commissioned officers of the Navy the same allowances as officers of the Army. Medicine and medical treatment are considered as allowances. Article 1185 of Navy Regulations authorizes medical attendance to be furnished to the families of officers and enlisted men. While this regulation made no specific reference to hospital treatment, the medical attendance for which it provides may be furnished in a Naval hospital where such facilities are available as well as in any other manner. (LRNA, 1929 Supp., p. 333).

DEPENDENTS HOSPITALIZATION - ORDER OF PREFERENCE

C.M.O. 3-1938, p. 7 (modifying C.M.O. 12-1937, p. 7) sets up the order of preference in which such patients shall be admitted to Naval hospitals as follows:

- (1) Dependents of naval personnel on the active list;
- (2) Dependents of retired personnel on active duty;
- (3) Dependents of reserve personnel (including transferred and retired) performing active duty other than training duty;
- (4) Dependents of retired naval personnel, not on active duty.
- (5) Dependents of enlisted personnel, transferred to the Fleet Reserve after 16 or 20 years' naval service, not on active duty.

NOTE: It has been held (C.M.O. 12-1937, p. 9) that "a period of confinement in a naval prison prior to expiration of enlistment constitutes naval service".

NAVAL HOSPITALS AND DISPENSARIES WITH OUT-PATIENT FACILITIES

(See page 69B)

September 29, 1944

CARE OF DEPENDENTS OF NAVAL PERSONNEL

The following is the substance of a letter which has been routinely sent to the dependents of naval personnel so that they may be informed of the facilities and their rights and privileges in regard to naval medical care:

Out-patient medical service is provided for the wives, children, and other actual dependents of Naval and Marine Corps personnel, but only by naval medical officers at naval dispensaries, naval hospitals, or other Medical Department activities of the Navy where an out-patient service for dependents has been established.

The Navy Department may not authorize, pay for, nor assume any responsibility in connection with medical, dental, or hospital care obtained by or for dependents from civil physicians, dentists, or other practitioners, in civilian hospitals or medical facilities of branches of the Government other than the Navy.

In making application for out-patient medical treatment or hospitalization by the Navy Department, proof of dependency must be furnished, and in this connection, the person in the naval service on whom one is dependent should obtain from his or her commanding officer a "Dependent Identification Certificate", which is to be signed and attested by the executive officer or personnel officer and turned over to him or her for presentation to the Medical Department activity to which one applies. These forms are honored only at Medical Department activities of the Navy having facilities available for dependent out-patient service.

The term "out-patient service" covers treatment given at the naval dispensary, or, on occasion, at the home of the patient, as distinguished from in-patient or hospital care.

Navy Regulations do not provide for dental treatment for the dependents of naval personnel.

There are certain hospitals and dispensaries designated by the Secretary of the Navy to admit for hospitalization the dependents of naval personnel:

NAVAL HOSPITALS

Annapolis, Md.
 Bainbridge, Md.
 Bethesda, Md.
 Brooklyn, N.Y.
 Charleston, S. C.
 Chelsea, Mass.
 Corpus Christi, Texas
 Farragut, Idaho

Key West, Fla.
 Mare Island, Calif.
 New River, N. C.
 NOB, Norfolk, Va.
 Norman, Okla.
 Oakland, Calif.
 Parris Island, S.C.
 Pensacola, Fla.

Portsmouth, N.H.
 Portsmouth, Va.
 Puget Sound, Wash.
 Sampson, N. Y.
 San Diego, Calif.
 Shoemaker, Calif.
 Sun Valley, Idaho

NAVAL DISPENSARIES

•NAS, Atlanta, Ga. (Gordon Airport
 •NAS, Banana River, Fla
 •NAS, Bermuda (NOB)
 •NAS, Cape May, N. J.
 •NAS, Glynco, Ga.
 •NAS, Olathe, Kansas
 •NAS, Patuxent River, Md.
 NAS, Beaufort, S.C.
 NAS, Lakehurst, N. J.

NavDisp, Miami Beach, Fla.
 NavAuxAirSta, Kingsville, Texas
 NavAuxAirSta, Chase Fld., Beeville, Texas
 Naval Supply Depot, Clearfield, Utah
 U.S.Navy Ordnance Test Sta., Inyokern, Calif.
 U.S.Naval Ammunition Depot, Hawthorne, Nev.
 Marine Corps Air Facility, Walnut Ridge, Ark.
 Marine Corps Air Facility, Newport, Ark.
 NavDisp, 230 The Fenway, Boston, Mass.

Dependents may be admitted only for acute medical and surgical conditions, exclusive of nervous, mental and contagious diseases, or those requiring domiciliary care.

When a dependent is admitted to a naval hospital or as in-patient to a naval dispensary, payment to the Commanding Officer is required in a sum sufficient to cover the probable number of days of hospitalization, at the rate of \$1.75 per day.

The Navy Department does not furnish transportation to and from the naval hospital.

Arrangements have been made by the Children's Bureau of the U. S. Department of Labor with the State health agencies of the several States to provide medical, nursing, and hospital maternity and infant care for the wives and infants of enlisted men in the armed forces of the United States in the fourth, fifth, sixth and seventh pay grades. Under this plan the wife of any enlisted man in the four lowest pay grades is eligible to make application for and receive medical and hospital maternity services. This plan is not applicable to wives of commissioned and warrant officers.

Application forms for this maternity care are available from State and local health and welfare agencies, American Red Cross chapters, and from local physicians participating in the Program. Requests for information concerning the Program in any State should be addressed to the Director of Maternal and Child Health in care of the State Health Department.

EMERGENCY MATERNITY AND INFANT CARE

What the Program Is.

Emergency maternity and infant care is a program to provide medical, nursing, and hospital services for the wives and infants of men in the four lowest pay grades of the armed forces.

The purpose is to make sure that during the war the wives of enlisted men in these pay grades receive needed maternity care and that their infants under 1 year of age receive medical and hospital care when needed, if similar services are not available through the Army or Navy. These services are furnished without cost to the families as something to which they are entitled.

Appropriations have been made by Congress to the Children's Bureau for grants to State health departments to carry out the program.

State health departments, in turn, use the money to pay for services rendered by physicians, nurses, and hospitals in accordance with State plans. The rates constitute complete payment for care authorized, both hospital and physician's. Payments to the physician or hospital, in addition to those made by the health department, may not be made by or on behalf of the wife. More expensive hospital accommodations than those provided for under the State plan may not be obtained by paying the difference in cost.

To get the full benefit of maternity care without cost the wife is urged to apply as soon as she knows she is pregnant. A baby under 1 year of age may have full benefit of medical and hospital care without cost if application is made as soon as the baby becomes ill.

What the Program Does.

Each State health department has its own emergency maternity and infant care program set up under a State plan approved by the Children's Bureau. In general the services provided are:

For Wives. - Complete maternity care (medical, nursing, and hospital) during pregnancy, childbirth, and the postpartum period. This includes prenatal care, treat-

ment of any complications, a medical examination about 6 weeks after childbirth, and care of the baby for 2 weeks after birth.

For babies under 1 year of age. - Medical, nursing, and hospital care for sick babies; immunization against smallpox, diphtheria, and whooping cough.

To safeguard the health of mothers and babies the State plans include certain standards that hospitals must meet if they are to participate in the program, and certain qualifications for physicians and nurses.

Families accepted for care are referred to the local health department or visiting-nurse associations for the public-health-nursing services that can be made available in each community.

State and local health departments will, so far as possible, help families make use of other health and social services available in the community, such as child-health conferences for the health supervision of babies and preschool children, and welfare and Red Cross agencies for services or assistance not available under the EMIC program.

Who May Receive Care.

Only the wives and infants of men in the four lowest pay grades of the armed forces are entitled to care under this program.

No statement is required as to income or financial need.

No discrimination is made as to race or religion.

Application may be made by a wife whose husband is listed as missing in action or deceased.

A baby under 1 year of age whose parents are not married may receive needed medical and hospital care, if paternity is acknowledged by the enlisted man.

A wife living in any part of continental United States, Alaska, Hawaii, or Puerto Rico is eligible for care. Length of residence does not matter. If the wife moves to another State before her care is completed, she may continue to receive care by making application in that State. She should notify the health department in both States of her new address.

What the Four Lowest Pay Grades Cover.

The four lowest pay grades - the seventh, sixth, fifth, and fourth - are the ones included in the emergency maternity and infant care program.

As soon as the men are inducted into military service and are actually placed on active duty their wives may make application for care.

Wives and infants of men serving in the Seabees and students in training programs, including aviation students (both Army and Navy) are eligible for care if the men are classified in one of these pay grades. Navy aviation cadets are considered to be in the fourth grade, and their wives and infants are eligible for care. Army aviation cadets are not classified in any of these pay grades, and it is not possible at present, therefore, for their wives and infants to receive care under the program.

Wives and infants of enlisted men in the Army Reserve Corps and the Naval Reserve are eligible for care if the men are in active military service.

If an enlisted man receives a promotion or a discharge after his wife or infant has been accepted for care by the health department, the care approved will be completed.

How to Apply for Care.

Application blanks and information about State emergency maternity and infant care programs may be obtained from the directors of maternal and child health in the State health departments. Usually, application blanks may be obtained also from local health or welfare units, public-health nurses, clinics, hospitals, physicians' private offices, and local Red Cross chapters.

For maternity care. - Application should be sent in to the State (or local) health department as soon as the wife knows she is pregnant, in order that she may get the full benefit of care without any cost to her. Payment for care can be considered by the State health department only after the application is received.

For care of a sick baby under 1 year of age. - Application should be made by the wife or other person on behalf of the baby

when the baby is first seen by the physician or at the clinic.

After the wife has filled out her part of the application blank, either for maternity care or for care of a sick baby, the application should be signed by the attending physician and mailed at once to the State health department by the wife. In communities where care is offered both by clinics and by private physicians, the wife may choose care by a private physician or she may choose a clinic. If she has no physician to sign the application she should send it to the health department just the same, and ask for help in finding a physician or clinic.

(To be filled out by patient under the care of Army or Navy physicians)

Husband's Service Mailing Address.

Signature of Applicant

Form EMIC #1s

Request for Authorization for Hospital Care for Maternity Patient Under
The Emergency Maternity and Infant Care Program of the D. C. Health
Department, Bureau of Maternal and Child Welfare

(To be filled out by Army or Navy Medical Service)

Month of Pregnancy _____ Expected Date of Confinement _____

Date and name of physician in Army or Navy Service giving first physical
examination this pregnancy _____

I have ascertained from the patient's allowance card or other data in her posses-
sion that her husband's serial number is correct: Yes _____ No _____

(FILL OUT THE ABOVE FOR ALL CASES IN ADDITION TO THE APPROPRIATE SECTION BELOW.)

For Patient Under Care of Walter Reed

I hereby request that payment for hospitalization of this patient at Walter
Reed Hospital at delivery be authorized under the Emergency Maternity and Infant
Care Program.

Date _____ Signature _____
Official Title _____

For Patient Under Care of Naval Dispensary

(Check 1 or 2)

(1) I hereby request that payment for hospitalization of this patient at the
Naval Hospital at delivery be authorized under the Emergency Maternity and Infant
Care Program.

(1st choice) (2nd choice) (3rd choice)

(2) I hereby request that _____ or _____ or _____
Hospital be authorized to accept this patient for hospitalization at delivery
under the Emergency Maternity and Infant Care Program. The Navy physician caring
for this patient has the privilege of practicing obstetrics in the above-named
hospitals, and the necessary arrangements will be made with the hospital.

Date _____ Signature _____
Official Title _____

Note: When hospitalization is requested in a private hospital, this form is to
be mailed to the Bureau of Maternal and Child Welfare, D. C. Health Department,
as early in pregnancy as possible. The patient, physician, and hospital will
be sent by mail a notification when authorization is made.

When patients are to be hospitalized at Walter Reed or the Naval Hospital,
this form may be mailed to the Bureau of Maternal and Child Welfare, D. C. Health
Department, at the completion of hospitalization together with voucher for reim-
bursement.

45-612-Maternity Care in Naval Hospitals and Dispensaries for Members of the Women's Reserves of the Naval Reserve, the Marine Corps Reserve, and the Coast Guard Reserve, and Members of the Navy Nurse Corps and the Nurse Corps, Naval Reserve, Who have been discharged or separated from the service because of pregnancy.

Pers-170-EAN, 15 June 1945

Action: All Ships and Stations,
Commandant, U. S. Marine Corps
Commandant, U. S. Coast Guard.

(Enc.: (A) Naval Hospitals and Dispensaries Authorized to Provide Maternity Care for Subject-Named Women.
(b) Commanding officer's form letter.)

1. Effective 1 July 1945 members of the Women's Reserves of the Naval Reserve, the Marine Corps Reserve, and the Coast Guard Reserve, and members of the Navy Nurse Corps and the Nurse Corps, Naval Reserve, who have been discharged or separated from the service because of pregnancy, are eligible for maternity care during that pregnancy and confinement, and for out-patient post-natal care for such period thereafter as the medical officer in command or in charge may deem necessary, at any naval hospital or naval dispensary where suitable facilities are available, enclosure (A) or subsequent revisions thereof.

2. Such service shall be furnished without cost to the individual patient, except for subsistence charges during hospitalization which shall be collected locally at the subsistence rate prescribed for sick in hospitals in the annual Naval Appropriation Act. The charge for the mother shall include the charge for the newborn child.

3. In making application for maternity care at a naval medical activity, a former enlisted woman shall present a photostat of her certificate of discharge together with a letter from her commanding officer certifying her eligibility for maternity care. A former woman officer shall present a certified copy of her orders separating her from the service together with a letter from her commanding officer certifying her eligibility for maternity care.

4. Enclosure (B) is the recommended form for the commanding officer's letter.

--SecNav. James Forrestal.

For reference to Enclosures (a) and (B) see Navy Department Bulletin, 6-15-45, pages 17 to 20.

FIRST NAVAL DISTRICT
NORTH STATION OFFICE BUILDING
150 Causeway Street, Boston, 14, Mass.

L3-2(2)/P3-2(1)/75/ND1
JMcM:Cr/mf

2 July 1945

To: All Medical Activities, First Naval District.

Subj: Maternity Care in Naval Hospitals and Dispensaries for Members of the Women's Reserves of the Naval Reserve, the Marine Corps Reserve, and the Coast Guard Reserve, and Members of the Navy Nurse Corps and the Nurse Corps, Naval Reserve, Who have been Discharged or Separated from the Service Because of Pregnancy.

Ref: (a) SecNav cir letr 45-612, dated 15 June 1945 and included in N. D. Bul of 15 June 1945

1. Reference (a) is further promulgated as a matter of interest to all medical department personnel:

" Action: All Ships and Stations
Commandant, U. S. Marine Corps
Commandant, U. S. Coast Guard

1. Effective 1 July 1945 members of the Women's Reserves of the Naval Reserve, the Marine Corps Reserve, and the Coast Guard Reserve, and members of the Navy Nurse Corps and the Nurse Corps, Naval Reserve, who have been discharged or separated from the service because of pregnancy, are eligible for maternity care during that pregnancy and confinement, and for out-patient post-natal care during such period thereafter as the medical officer in command or in charge may deem necessary, at any naval hospital or naval dispensary where suitable facilities are available, enclosure (A) or subsequent revisions thereof.

2. Such service shall be furnished without cost to the individual patient, except for subsistence charges during hospitalization which shall be collected locally at the subsistence rate prescribed for sick in hospitals in the annual Naval Appropriation Act. The charge for the mother shall include the charge for the newborn child.

3. In making application for maternity care at a naval medical activity, a former enlisted woman shall present a photostat of her certificate of discharge together with a letter from her commanding officer certifying her eligibility for maternity care. A former woman officer shall present a certified copy of her orders separating her from the service together with a letter from her commanding officer certifying her eligibility for maternity care.

4. Enclosure (B) is the recommended form for the commanding officer's letters.

/s/ JAMES FORRESTAL

Encl (A) Naval Hospitals authorized to provide maternity care for subject-named women.

(B) Commanding Officer's form letter"

By direction of the Commandant, FIRST Naval District:

/s/ J. J. A. McMULLIN
Rear Admiral (MC) U. S. Navy
District Medical Officer

ENCLOSURE A

HOSPITALS

U. S. Naval Hospital, Chelsea, Massachusetts
U. S. Naval Hospital, Portsmouth, New Hampshire

ENCLOSURE B

To: Medical Officer in Command, U. S. Naval Hospital or Dispensary
authorized to provide maternity care

Subj:(name)....., maternity care for

Ref: (a) SecNav ltr Pers 170-EAN of 15 June 1945

1. Subject woman was separated from the service at this activity on
....., and is eligible for maternity care in accordance
with reference (a).

(Commanding Officer)

(Name of Activity)

Hospital maternity and infant care for wives and infants of
enlisted men. - Federal Board of Hospitalization - Charges.

In conformity with action of the Federal Board of Hospitalization, as approved by the President, rates for reciprocal reimbursement of hospitalization charges in Federal hospitals have been advanced from \$4.25 to \$5 per diem for the fiscal year 1945. Therefore, effective 1 July 1944, the charge to be billed to State Health agencies for dependents admitted to hospitals as beneficiaries of the hospital maternity and infant care program shall be \$5 per diem per patient.

BUMED-C-LET
P3-2/NH(064-39(

15 Aug 1944

To: Comdts NavDists, RiverComs, and NATraComs
Comdts and COs, NavShoStas
COs and COs, WarCorps Activities

Subj: Hospitalization and medical care of dependents of Naval Personnel.

Ref: Bufiled ltr P3-2/NH(064-39(, 8 Jun 1944.

1. Question having been raised as to the per diem charge in maternity cases among dependents of Naval Personnel admitted for hospitalization or in-patient care, the following directive is issued in order to obtain uniformity.
2. The per diem per patient charge required by reference in maternity cases will include the mother and newborn infant until the mother is allowed to leave the hospital. If further hospitalization of the infant is required, the per diem charge will continue for the infant. A charge at the same rate will apply for the hospitalization of infants under one year of age, which charge also will include the mother of such infant if she be required by the hospital to remain with the infant.
3. For children one year of age or over the per diem charge is to be collected separately and apart from any charge for the mother.

/s/ L. SHELDON, Jr.
Rear Admiral, (MC), USN
Acting Chief of Bureau

BUMED-C-LET
P3-2/NH(064-39)

18 Nov 1944

To: ComdtsNavDists, RiverComs, and NATraComs
Comdts and COs, NavShoStas
CGs, MarCorps Activities

Subj: Hospitalization of dependents of naval personnel.

Refs: (a) BuMed Cir Ltr P3-2/NH(064-39), 1 Oct 1943 (NavDeptBul., Cumulative Edition 1943, page 485).
(b) BuMed Cir Ltr P3-2/NH(064-39), 8 Jun 1944.
(c) Article 1185, NavRegs.
(d) Ltr of JAG approved by SecNav, 31 Oct 1944.

1. References (a), (b), and (c) set forth the provisions of law and regulation relating to out-patient medical care and hospitalization available to dependents of naval personnel. In connection therewith, decision has been rendered by the Secretary of the Navy (Ref (d)) with respect to dependents of naval personnel undergoing confinement adjudged by sentence of general court martial. The decision is summarized as follows:

Dependents of naval personnel undergoing confinement adjudged by sentence of general court martial are eligible for medical care and hospitalization by Navy Medical Department facilities within the meaning of Act of May 10, 1943, and the regulations issued pursuant thereto except:

- (a) dependents of prisoners whose sentence of dismissal from the service has been accomplished, as in the case of former officers;
- (b) dependents of prisoners whose terms of enlistment have actually expired while undergoing confinement.

2. During such time as the Coast Guard is operating as a part of the Navy, this decision includes as well dependents of Coast Guard personnel.

/s/ ROSS T. MCINTIRE
Vice Admiral (MC), USN
Chief of Bureau

VETERANS - HOSPITAL TREATMENT - DOMICILIARY
CARE - OUTPATIENT TREATMENT

General Provisions. - The Veterans Administration is authorized to furnish hospital treatment or domiciliary care (including medical treatment if indicated) to persons who served in the armed forces of the United States during a period of war, and who were not dishonorably discharged from war service; to persons honorably discharged from peacetime service in the United States Army, Navy, Marine Corps or Coast Guard for disability incurred in service in line of duty, or who are in receipt of pension for service-connected disability; and to certain World War veterans of allied nations when such treatment is authorized by their home governments.

In all cases a medical examination is made to determine the identity and severity of the applicant's condition. If it is susceptible of cure or improvement through treatment, hospital care may be extended. If the condition is chronic in type and not susceptible of cure or decided improvement through treatment, domiciliary care may be given provided the veteran is unable to earn a living and has no adequate means of support. Hospital treatment includes all the usual services of a hospital. Domiciliary care is the provision of a home, with such incidental medical care as is needed.

Transportation at government expense is furnished to applicants for hospital care, and on first admission for domiciliary care, if they are financially unable to supply themselves therewith and so state on form P-10.

Patients accepted for hospital treatment are expected to remain until all necessary examinations and treatment have been completed. A patient about to be discharged appears personally before a staff conference, at which time he is encouraged to ask questions relative to his condition and subsequent treatment. The conference may approve the discharge, or may recommend further treatment.

Eligibility—Classifications.— There is a definite order of preference specified by regulation for admission to Veterans Administration facilities, and this order is observed where there are not enough beds to accommodate all applicants.

Hospital or domiciliary care may be furnished the following applicants, in the specified order of preference:

(a) Hospital treatment for veterans of any war who were honorably discharged from their last period of war service and who are in need of hospital treatment for injuries or diseases incurred or aggravated in line of duty in the active military or naval service.

Persons who were rejected for active service are included for treatment provided they have been granted disability compensation.

(b) Hospital treatment (Peacetime Service) for persons honorably discharged from the United States Army, Navy, Marine Corps or Coast Guard for disability incurred in line of duty, or who are in receipt of pension for service-connected disability, when in need of hospital treatment for injury or disease incurred or aggravated in line of duty in the active service.

Cadets and midshipmen honorably discharged from West Point or Annapolis for disability incurred in line of duty or who are pensioned for such a disability, are eligible under this subparagraph, regardless of the requirement as to active service.

(c) Hospital or domiciliary care, including emergency or extensive hospital treatment (War Service) for veterans of any war who have an honorable discharge from their last period of war service; who served in the active military or naval service for 90 days or more (or who, having served for less than 90 days, were discharged for disability incurred in line of duty) who are suffering from a permanent disability, tuberculosis or neuropsychiatric ailment or such other conditions requiring emergency or extensive hospital treatment; and who are incapacitated from earning a living, and have no adequate means of support.

(d) Hospital or domiciliary care, including emergency or extensive hospital treatment (Peacetime Service) for persons honorably discharged from their last period of active service in the United States Army, Navy, Marine Corps, or Coast Guard for disability incurred in line of duty or who are in receipt of pension for service-connected disability, when suffering from a permanent disability or tuberculous or neuropsychiatric ailment or such other conditions requiring emergency or extensive hospital treatment; and who are incapacitated from earning a living and have no adequate means of support.

(e) Hospital or domiciliary care (War Service) for veterans who served, regardless of length of service, during a period of any war, who were (1) not dishonorably discharged from their last period of war service; (2) who swear that they are unable to defray the expenses of hospitalization or domiciliary care, including the expense of transportation to and from a Veterans Administration

facility; (3) and who are suffering from a disability, disease or defect which, being susceptible of cure or decided improvement, indicates need for hospital care, or which, being essentially chronic in type and not susceptible of cure or decided improvement by hospital care, is producing disablement of such degree and of such probable persistency as will incapacitate from earning a living for a prospective period, and thereby indicates need for domiciliary care.

(f) Retired officers and enlisted men of the United States Army, Navy, Marine Corps and Coast Guard who have served honorably during a war period are entitled to hospital and domiciliary care in Veterans Administration facilities on a parity with other war veterans.

NOTE: Women Beneficiaries. - Women who ranked as enlisted men, i.e., Army and Navy nurses, yeomanettes (Navy), or Female Reservists (Marine Corps) during the World War, are entitled to hospitalization on the same basis as enlisted men.

"Women citizens of the United States who were taken from the United States by the United States Government, and who served in base hospitals overseas" (such as dietitians, physiotherapy aids, occupational therapy aids, etc.) are eligible for necessary treatment for service-connected disabilities.

Pregnancy or parturition care is not given to women veterans. (R. & P. Veterans Administration, Wash., D.C. 6047)

Application for Care or Treatment. - Form P-10 ("Application for Domiciliary or Hospital Care") must be executed by the applicant (or if he is incapacitated, by his nearest relative, guardian, or authorized representative). All questions must be answered. The medical certificate may be filled out by any licensed physician. Claimant's statements must be sworn to before a notary public.

Mail application to nearest Veterans Administration facility. If the facility receiving the application is not equipped to furnish the necessary care, the application will be forwarded to the nearest suitable facility, (after ascertaining whether a bed is available). The applicant must wait until he receives notice that he is eligible, and is instructed where and when to report. If he is entitled to transportation this will be sent to him with his admission authority.

IMPORTANT: The applicant should proceed to the hospital as promptly as possible. Authorization for travel is valid for seven days after date of issuance, and reimbursement for expenses incurred after lapse of that period will not be made unless a request for extension has been submitted and approved prior to expiration of the seven day validity period.

Emergency Admissions. - Arrangements for hospitalization in an emergency may be made by telephone or telegraph. Application should be through the local designated physician, if there is one - otherwise, by the physician who is attending the patient. The following information should always be given:

- (a) Full name, address, and C number, if possible.
- (b) Dates of enlistment and discharge and character of discharge.
- (c) Condition of patient.
- (d) Whether condition permits travel by common carrier, automobile or ambulance, and whether attendant is necessary.
- (e) If automobile is to be used, whether it is owned by patient or his representative, or is a hired car for which a fee must be paid.

Red Cross Assistance. If the attending physician can not give the necessary information directly, the Red Cross representative may, as an intermediary, inform the authorizing officer at the facility regarding the relative condition of the applicant, mode of travel advised, and whether an attendant is required.

Examination and reexamination. - In new claims for compensation, or pension, examination for the purpose of determining degree of disability will be authorized after a rating board has determined that the claim is probably a valid one. The initial report will include a general physical examination with such special examinations as may be indicated in the individual case. When necessary, observation with physical examination in facilities or diagnostic centers may be authorized.

The Veterans Administration is authorized by law to require periodic examinations of Veterans in receipt of compensation or pension. Examinations are scheduled according to nature of the disability. If it is of temporary or changing type, reexaminations are scheduled at intervals of not less than one year or more than two years.

In certain obviously fixed disabilities, such as amputation, enucleation (complete removal, such as an eyeball, etc.), organic blindness or deafness, etc., no reexaminations for rating purposes are required. Persons bedfast or paralytic in their homes are not scheduled for reexamination where follow-up nurse or other acceptable reports do not indicate a changed condition.

In other permanent ratings of 10 per cent or more, other than disabilities of fixed nature (see preceding paragraph), reexaminations are scheduled for every five years. In cases of completely arrested tuberculosis, no reexaminations are regularly scheduled. When reactivation is suspected, or where required in connection with compensation award, examinations are ordered.

The Veterans Administration will notify claimants when to appear for reexamination. A claimant who fails to respond may have his payments stopped. If he proves that legitimate reasons prevented his appearing, the benefits withheld may be paid; otherwise payments will begin from the date he reports for examination. A claimant whose case is closed or disallowed because of less than ten per cent rating must submit a doctor's statement indicating increase in the disability to secure authority for reexamination by the Veteran Administration. A similar statement is required where a person in receipt of pension or compensation, requests a re-examination for increased disability benefits, prior to the date that he is regularly scheduled for reexamination.

Reexamination will not be authorized where case was disallowed as "not service-connected," as a reexamination would not develop anything to help on question of service-connection.

Transportation and the necessary meal and lodging requests to cover expenses incidental to reporting for examination will be supplied by the Veterans Administration except when the beneficiary resides in the town or city where the examination is to be made, or in the vicinity thereof so that it may be considered his place of residence.

Examination and Treatment in Penal Institutions. - Examination in connection with claim of a veteran who is an inmate of a penal institution will be arranged by the Veterans Administration with the authorities in charge of the institution. If a satisfactory report can not be secured through the institution, a physician may be sent from the nearest Veterans Administration field station to conduct the examination. Treatment can not be provided by the Veterans Administration while the claimant remains in the institution.

Outpatient Treatment. - Outpatient medical, surgical and dental treatment may be given for service-connected disabilities or for a non-service-connected condition which is aggravating a service-connected disability. Persons eligible to such treatment are:

- (a) Veterans of any war who have disabilities adjudicated as incurred in or aggravated by active service.
- (b) Veterans of peacetime service, honorably discharged from the Army, Navy, Marine Corps or Coast Guard for disability incurred in line of duty or who are in receipt of pension for service connected disability.
- (c) Pensioners of nations allied with the United States in the World War.
- (d) Beneficiaries of other Federal Agencies, i.e., Employees' Compensation Commission, etc.

Treatment may be given at a Veterans Administration Facility or regional office, or by a designated physician or dentist in the applicant's home community. If the condition is such that he can not travel, the necessary treatment may be given at home. Request for treatment may be made by letter, wire or in person. Claim number and nature of disability should be states.

Prosthetic Appliances.— Artificial limbs and other orthopedic and prosthetic appliances may be furnished under the following conditions:

- (a) When the disability requiring an appliance is service-connected.
- (b) When required as adjunct treatment to a service-connected disability.
- (c) When required as incident to treatment of a beneficiary receiving hospital or domiciliary care.

The Veterans Administration is also responsible for furnishing artificial limbs or appliances (or commutation in lieu thereof) to the following persons:

- (a) Officers, soldiers, seamen or marines who lost a limb, or suffered injuries depriving of use of any limb, in active military service and in line of duty, either prior to April 6, 1917, or after July 2, 1921.
- (b) Retired officers or enlisted men of the Regular Establishment who have lost a limb or use thereof through injury or disease incurred in line of duty in military or naval service at any time.
- (c) Civilian employees of the land or naval services who have lost a limb or the use of a limb, through injury or disease incurred in line of duty, prior to September 7, 1916.

Necessary transportation of a beneficiary to effect fitting of an artificial limb may be supplied by the Veterans Administration.

Clothing and Equipment of Hospitalized Patients. — The Veterans Administration supplies all essential hospital garments for its beneficiaries. There are a few special types of hand-made articles which add to the comfort of patients and which Chapters, through volunteer production corps, may be authorized to make. The Veterans Administration permits this activity with the understanding that it will be carefully planned, directed and controlled by Red Cross headquarters and Area offices. A Chapter interested in this work must write to the manager of its Red Cross area for information and authorization.

Clothing will be furnished beneficiaries of the Veterans Administration facilities only under the following conditions:

- (a) Special clothing made necessary by the wearing of a prosthetic appliance.
- (b) When necessary for the protection of health or for sanitary reasons, or
- (c) When the beneficiary is in receipt of less than \$10 per month from any source for his personal use.

For patients who are not eligible to receive clothing from the Facility, Chapters may be requested to authorize loans or grants for necessary clothing, or for cleaning and repairs.

Toilet articles, barber service, tobacco, etc., may be supplied to a person receiving hospitalization or domiciliary care in Veterans Administration Facilities who is not able to supply himself, and who has a monthly income of less than \$6 for his personal use.

Treatment of Allied Veterans. - Under reciprocal agreements with some of the allied governments, the Veterans Administration furnishes transportation, medical, surgical, and hospital services, supplies and appliances, to veterans who have disabilities due to World War service and who come within the provisions of laws of such governments similar to the War War Veterans' Act.

Allied veterans should apply to the nearest Veterans' Administration office. Treatment can not be given until, in each case, it is authorized by his home government, except that if he has documents showing service-connection or the nature of disability establishes this fact, emergency treatment may be given. When the veteran is from a country with which no reciprocal agreement exists, the Veterans' Administration can not give treatment, but will refer him to a representative of his home government.

Reexamination of pensioners at the request of other governments is also made.

Veterans Administration Facilities - Active Duty Personnel.-

Officers and enlisted personnel of the Navy and Marine Corps on the active list, and members of the Naval Reserve and Marine Corps Reserve when on active duty status, may be admitted to Veterans Administration Facilities. Authority for such admittance shall be obtained from the Medical Director, Veterans Administration, Washington, D. C., or upon request made by the immediate commanding officer of the person involved to the manager of a facility in the regional area in which the immediate commanding officer shall furnish such manager all necessary information, including the nature of the disease or injury, the name and address of the patient's next of kin, and instructions concerning disposition of the patient upon discharge from the hospital. The manager of the facility so contacted will advise the immediate commanding officer of the disposition of the request. If hospitalization can be effected, it will be authorized by transmittal of the upper part of Veterans Administration Form 2557, admission card, to the immediate commanding officer for presentation by the patient upon his arrival at the facility accepting him.

For Navy personnel on active duty all transportation, including attendants if necessary, incident to admission to and discharge from Veterans Administration facilities shall be supplied by the Navy Department. At a sufficient time in advance of contemplated discharge of a Navy patient from a facility, the manager will notify directly the proper naval authority (as shown on the back of Form 2557) of the impending discharge, and will request transportation to be forwarded for the patient's return travel. If an attendant or attendants will be required to accompany the patient upon discharge, the manager will so state in his communication requesting the forwarding of return transportation.

Transfer of Navy patients to Veterans Administration Facilities.- Patients who have been found to be permanently unfit for the service by a board of medical survey and who are in need of further hospitalization or institutional care shall be transferred to a Veterans Administration Facility prior to discharge, provided:

- (a) They are eligible for care and treatment by the Veterans Administration.
- (b) They desire to be so transferred.
- (c) The transfer will not endanger the patient's life or recovery.
- (d) The report of medical survey has been approved by the Bureau of Medicine and Surgery, and the patient's discharge directed by the Bureau of Naval Personnel.

In accordance with the provisions of the act March 17, 1943, (Public Law 10, 78th Cong.), any person who served in the active military or naval service of the United States on or after December 7, 1941, and

before the termination of hostilities in the present war, as determined by proclamation of the President or by concurrent resolution of the Congress, will attain at discharge the status of a "war veteran", and will be potentially entitled to hospitalization as a beneficiary of the Veterans Administration provided such person was not dishonorably discharged, the need for hospital treatment is shown, and a bed is available for his reception. The provisions of this Act also include members of the Women's Reserve of the Navy, Marine Corps and Coast Guard.

In cases meeting the qualifications as listed above, the board of medical survey shall recommend that the patient be transferred to a Veterans Administration Facility prior to discharge from the service. The report of the Board of medical survey shall be accompanied by a request for designation of a facility, and the Commanding Officer of the Naval Hospital concerned will be advised by the Medical Director of the Veterans Administration direct, of the facility designated to receive the patient. Approval of the report of medical survey by the Bureau of Naval Personnel will constitute sufficient authority for the local Commandant to issue necessary travel orders for the patient and such attendants as may be necessary.

Patients transferred to Veterans Administration Facilities shall be accompanied by the following records:

- (a) Completed application for hospital treatment or domiciliary care. (V.A. Form P-10).
- (b) Completed application for Pension. (V.A. Form 526); or a statement showing that the patient does not desire to submit an application for a pension.
- (c) A typewritten or photostatic copy of the descriptive sheet in his health record. (NMS Form H-2).
- (d) A complete copy of his medical record.
- (e) A copy of the report of the Board of Medical Survey. (NMS Form M).
- (f) A statement showing the type of discharge issued, whether honorable or otherwise.

Veterans Administration Form P-10 shall be signed by the applicant (except as hereinafter provided), regardless of the line of duty status of the disability, and shall be witnessed by an officer or civilian authorized to administer oaths. Neuropsychiatric patients who are considered to be mentally competent may sign Form P-10. If the applicant be mentally incompetent, Form P-10 shall be executed for him except the answers to Questions 5, 8, 9, 10 and 12; and the Form P-10 shall then be sent to the nearest relative, with instructions

to complete it, sign it before a notary public or other person authorized to administer oaths, and return it to the hospital. If the applicant has no relatives, a Form P-10 may be executed for him by a friend, by the commanding officer of the hospital where he is under treatment, or by any other person that the commanding officer may designate. An applicant whose discharge is to be for disability not in line of duty, is not entitled to hospital treatment by the Veterans Administration unless he makes affidavit on Form P-10 regarding his financial inability to defray the expense of hospital treatment; but if the discharge is for disability incurred or aggravated in line of duty, it is not essential that Questions 8 and 9 of Form P-10 be answered. The words "to and", after the word "transportation" in Question 10 shall be deleted.

The service records, health records, and pay accounts of patients transferred to Veterans Administration Facilities prior to discharge from the service shall be retained at the Naval hospitals and shall be closed out and forwarded to the respective Bureaus concerned, after the patient's discharge has been effected. The patient's discharge shall become effective upon his delivery at the designated Veterans Administration Facility. Orders issued to the medical officer of senior hospital corpsman accompanying the patient shall include instructions for him to notify the hospital by despatch or by such other means as may be deemed expedient of the patient's arrival and delivery to the Veterans Administration Facility. The patient's discharge certificate and check for pay and allowances due him, including 5¢ a mile to place of acceptance or, in the case of a Naval Reserve, to the place from which ordered to active duty, shall be mailed to him in care of the manager of the facility to which he has been transferred. The place of discharge, for all purposes, shall be the location of the Veterans Administration Facility to which a patient is transferred.

Patients, who at the time of discharge, do not require further medical attention, hospitalization or institutional care, and those who do not desire to be transferred to a Veterans Administration Facilities, will continue to be handled as heretofore. If they desire to submit applications for pensions, the records listed in a preceding paragraph should be prepared immediately and forwarded to the nearest Veterans Administration regional office or facility having regional office activities. Patients who are not eligible for transfer to a Veterans Administration facility may be recommended for further treatment with subsequent survey for discharge from the /service.

Retired Personnel.— (1) Retired personnel (including enlisted men transferred to the Fleet Reserve or Fleet Marine Corps Reserve after 16 or more years of service) may be admitted to Veterans Administration facilities as naval patients under an act of January 19, 1929 on request of the Bureau and approval by the Medical Director, Veterans' Administration, in which case hospital charges will be billed to the Bureau for settlement.

The above classes of personnel also may be admitted to Veterans' Administration facilities as patients of the Veterans' Administration, provided that a part, at least, of their active service was war service. Application should be made directly to the Veterans' Administration facility in which hospitalization is desired. Transportation expenses to and from the facility will be at the expense of the applicant.

Ex-Service Personnel. - Under the regulations of the Veterans Administration provision is made for hospitalization or domiciliary care, in the facilities of that Administration, of naval personnel honorably discharged by reason of physical disabilities incurred or aggravated in line of duty during peace time enlistments. Included are those in need of hospital treatment for such diseases and injuries and those suffering with permanent disabilities, or tuberculosis, or neuropsychiatric ailments which incapacitate them from earning a living and who have no adequate means of support.

BUMED:P3:JRMCK
P3-5/P19-1(034)

23 August 1944

To: All Naval Hospitals and Naval Convalescent Hospitals
in the United States.

Subj: Pension claims and medical records of men discharged
from the naval service by reason of physical disability.

Ref: (a) BuMed ltr. P3-5/P19-1(034) dated April 27, 1943,
addressed to All Naval Hospitals (Continental
Limits).
(b) BuMed ltr. P3-5/P19-1(034-42) dated February 26,
1944 addressed to All Naval Hospitals.
(c) BuMed ltr. P3-5/P19-1(034-42) dated March 14, 1944
addressed to All Naval Hospitals within the Army
Service Command Areas No. III and No. IV.

1. The Bureau has recently received a letter from the Administrator of Veterans Affairs, inviting attention to the failure of some of the Naval Hospitals to comply with the instructions in references (a), (b), and (c), so far as the medical records of Marine Corps and Coast Guard personnel are concerned.

2. The instructions in these references were intended to apply to Marine Corps personnel as well as to other members of the Naval service and should be so construed. In other words, the records listed in paragraph 1 of reference (a) should be prepared at the Naval Hospital from which the patient is discharged and forwarded to the Veterans Administration area office as indicated in references (b) and (c). Arrangements should be made with the local Marine Corps activities concerned, in the case of Marine Corps personnel, to furnish the hospitals the information required relative to the date and type of discharge issued. The pension claims and related records should not be forwarded until after the patient has been discharged from the service.

3. With reference to Coast Guard patients discharged at Naval Hospitals, the pension claim (V.A. Form 526) and related records should be completed as far as possible and forwarded to the Commanding

Officer of the Coast Guard unit to which the patient is regularly attached, or to the District Coast Guard officer of the Naval District in which the hospital is located, who will complete the pension claim and the records and forward them to the Veterans Administration area office.

4. Hereafter, the pension claim shall be accompanied by a complete copy of the current health record in all cases.

ROSS T. McINTIRE
Vice Admiral (MC), USN
Chief of Bureau

Hospitalization of Retired Officers and Enlisted Men by
the Veterans Administration.

The pertinent section of Veterans Regulation 6(a) reads as follows:

"When in the judgment of the Administrator of Veterans' Affairs he shall determine that it is to the interest of the Government and the veterans and under such rules as the Administrator of Veterans' Affairs may promulgate, hospital treatment for diseases or injuries may be furnished to retired officers and enlisted men in facilities over which the Veterans' Administration has direct and exclusive jurisdiction or in other Government facilities for which the Administrator of Veterans' Affairs may contract."

ADMINISTRATOR'S DECISION, VETERANS ADMINISTRATION, NO. 571.

July 27, 1944.

Subject: REPEAL OF SECTION 4813, REVISED STATUTES, BY IMPLICATION AS A RESULT OF ENACTMENT OF PUBLIC NO. 73, 78TH CONGRESS, AND SECTION 13, PUBLIC NO. 144, 78TH CONGRESS.

QUESTION PRESENTED: Whether subsequent to July 13, 1943, there is authority to award and pay to the commanding officer of a naval hospital the pension or compensation payable to a veteran hospitalized in such institution as a naval patient?

FACTS: A report from the Personnel Officer, U.S. Naval Hospital, Long Beach, California, dated July 2, 1943, shows that this man, a veteran of World War II, elected to be retained as a "supernumerary" after his discharge pending completion of his claim for pension and in order that he might avail himself of the facilities of that hospital. He was hospitalized as a naval patient and was at no time carried as a Veterans Administration beneficiary. He was awarded a pension of ninety-five dollars (\$95.00) per month, effective March 23, 1943, which award was approved subsequent to July 13, 1943, to the commanding officer of the naval hospital, pursuant to R. & P. R-1260.

COMMENT: Title 24, section 6, U.S. Code (section 4813, Revised Statutes) provides:

"Whenever any officer, seaman, or marine entitled to a pension is admitted to a Naval hospital, his pension, while he remains there, shall be deducted from his accounts and paid to the Secretary of the Navy for the benefit of the fund from which such hospital is maintained. (R. S. sec. 4813; Mar. 3, 1899, c. 421, 30 Stat. 1027; June 30, 1914, c. 130, 38 Stat. 398)".

Section 1, Public No. 73, 78th Congress, approved June 15, 1943, abolished, effective July 1, 1943, the Naval Trust Fund for the benefit of which Title 24, section 6, U.S. Code (section 4813, Revised Statutes), supra, authorized the payment to the Secretary of the Navy of the pension of any officer, seaman or marine, while hospitalized in a naval hospital, and provided for direct annual appropriations from the general fund of the Treasury for the maintenance and operation of naval hospitals. Section 3 of the same Act provided, in part, that pension of inmates of a naval home or naval hospital, theretofore required by law to be deducted from the account of the pensioner and applied for the benefit of the fund from which such home or hospital was maintained, should be deposited into the Treasury of the United States as miscellaneous receipts. Section 3 also provided that such section should be effective July 1, 1943.

Section 13 of Public No. 144, 78th Congress, enacted the following month, July 13, 1943, amended paragraph VI of Veterans Regulation No. 6 (a), as amended, to provide a uniform rule for handling pensions and compensation of veterans being furnished hospitalization or domiciliary care. Subsection (E) thereof provided that parts of certain Acts specifically enumerated therein "and all other provisions of law or regulation in conflict with the foregoing provisions are hereby repealed and modified accordingly."

In House of Representatives Report No. 463, 78th Congress, First Session, to accompany H.R. 2703 (subsequently enacted as Public No. 144, 78th Congress), at pages 15 and 16, pertaining to section 13, it was stated in part:

"The effect of the proposed changes would be to make veterans of all wars and the Regular Establishment subject to the limitations on payment of pensions, compensation, or retirement pay contained in subparagraphs (A), (B), and (C), except that the pension of any disabled veteran who is an inmate of the United States Soldiers' Home or of any National or State soldiers' home on the date of the enactment of the amendment may not be reduced or discontinued by reason of the provisions of (A), (B), or (C). The proposed changes will insure uniform administration as to all persons furnished hospital treatment, institutional or domiciliary care by the United States or any political subdivision thereof.

" * * * * "

"(E) This subparagraph provides for the repeal or modification of any law or regulation in conflict with the foregoing provisions." (Underscoring supplied.)

With regard to general repealing clauses, like that appearing in section 13 (E) of Public No. 144, 78th Congress, supra, in Sutherland Statutory Construction, 3rd Edition, Vol. 1, section 2013, it is stated:

"An express general repealing clause to the effect that all inconsistent enactments are repealed, is in legal contemplation a nullity. Repeals must either be expressed or result by implication. A general repealing clause cannot be deemed an express repeal because it fails to identify or designate any act to be repealed. It cannot be determinative of an implied repeal for it does not declare any inconsistency but conversely, merely predicates a repeal upon the condition that a substantial conflict is found under application of the rules of implied repeals. If its inclusion is more than mere mechanical verbiage, it is more often a detriment than an aid to the establishment of a repeal, for such a clause is construed as an express limitation of the repeal to inconsistent acts."

Resort, therefore, must be had to the question as to whether there was an implied repeal of Title 24, section 6, U.S. Code (section 4813, Revised Statutes), by the above mentioned enactments. In this connection section 2012 of the same volume of Sutherland Statutory Construction reads in part:

"The enactment of legislation presupposes some consequential change in the existing law, either by the addition to the pre-existing law, or by the qualification or deletion of an existing provision. The extent of the repeal of the prior law by a subsequent enactment poses the problem of implied repeals.

"The legislature is presumed to intend to achieve a consistent body of law. In accord with this principle subsequent legislation is not presumed to effectuate a repeal of the existing law in the absence of that expressed intent, and conversely, where a consistent body of laws cannot be maintained without the abrogation of a previous law, a repeal by implication of previous legislation or of the common law is readily found in the terms of a later enactment. It is the necessary effect of the later enactment construed in the light of the existing law, regardless of whether such an effect is the child of the legislative mind or a creature of fortuity, that ultimately

determines an implied repeal. As the legislative intent defines the operation of the statute and divulges the purpose and limitations of the enactment, it may establish or deny a repeal by implication, and therefore in the process of construing a statute the intent of the legislature is always of prime importance. Where there is an ambiguity in the statute, the legislative intent is the source of the compromise, but where a conflict is readily seen by an application of the later enactment in accord with that intent, it is clear that the later enactment is intended to supersede the existing law, and the language used by the courts will usually stress the conflict rather than the legislative intent."

In the case of Bemis Bro. Bag Co. v. Wallace et al., 266 N. W. 690, 697, the Supreme Court of Minnesota stated in part:

"If a statute is manifestly inconsistent with a prior statute covering the same subject it repeals it, in whole or pro tanto, without any repealing clause, in the absence of an expressed intention to the contrary." 6 Dunnell Minn. Dig. (2d Ed. & Supps. 1932, 1934) Section 8927, and cases under note 21. See, also, Board of Education V. Borgan, 192 Minn. 367, 256 N. W. 894."

It seems unreasonable to suppose that Congress would wish to appropriate money to the Veterans Administration for the payment of pensions which, upon favorable adjudication of the claim, would be required to be immediately returned to the Treasury of the United States as miscellaneous receipts in accordance with section 3, Public No. 73, 78th Congress. Such vain and futile action would also defeat the letter and spirit of section 13, Public No. 144, 78th Congress, since nothing would be left for the support of the veteran's dependents, if any, nor enough to cover the necessary comforts and desires usually provided by the allowance of the \$20.00 or \$8.00 per month to an institutionalized veteran having neither wife, child, nor dependent parent. It is logical to consider that the entire policy of Congress with reference to the payment of pensions or compensations to veterans hospitalized or domiciled in all Government hospitals is now embraced by section 13 of Public No. 144, 78th Congress, enacted July 13, 1943, a little less than a month after Public 73, 78th Congress. Uniformity in the payment of pensions or compensation to all veterans furnished hospital treatment or domiciliary care by the United States or any political subdivision thereof, which is shown by the legislative history to have been a prime purpose in the enactment of section 13 of Public No. 144, 78th Congress, may not be fully achieved unless this view is adopted. It is therefore believed that as a result of Congress having enacted Public No. 73, 78th Congress, and section 13 of Public No. 144, 78th Congress, Title 24, section 6, U.S. Code (section 4813, Revised Statutes) was repealed by implication and was no longer effective after July 13, 1943, the date of enactment of Public No. 144, 78th Congress.

HELD: That there is no authority subsequent to July 13, 1943, to award and pay to the commanding officer of a naval hospital the pension or compensation payable to a veteran hospitalized in such institution as a naval patient but that such pension or compensation is payable direct to the veteran. (Opinion of the Solicitor, Veterans Administration, dated June 27, 1944, approved by the Administrator June 28, 1944, 1944, C-3,158,402.)

The foregoing decision is hereby promulgated for observance by all officers and employees of the Veterans Administration.

FRANK T. HINES
Administrator of Veterans Affairs.

Public Law 308 - 78th Congress

AN ACT

To regulate the furnishing of artificial limbs or other appliances to retired officers and enlisted men of the Army, Navy, Marine Corps, or Coast Guard and to certain civilian employees of the military and naval forces of the Regular Establishment.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section 4 of Public Law Numbered 198, Seventy-sixth Congress, approved July 19, 1939, as amended by Public Law Numbered 265, Seventy-seventh Congress, approved December 22, 1941, is hereby amended to read as follows:

"Sec. 4. In the administration of laws pertaining to veterans, retired officers, and enlisted men of the Army, Navy, Marine Corps, and Coast Guard, who served honorably during a war period as recognized by the Veterans' Administration, shall be, and are entitled to hospitalization and domiciliary care in the same manner and to the same extent as veterans of any war are now or may hereafter be furnished hospitalization or domiciliary care by the Veterans' Administration and subject to those provisions of paragraph VI(A) of Veterans Regulation Numbered 6(c), which provide for reduction of monetary benefits to veterans having neither wife, child, nor dependent parent while being furnished hospital treatment, institutional, or domiciliary care.

"Any retired officer or enlisted man of the Army, Navy, Marine Corps, or Coast Guard, who lost a limb or the use thereof, through injury or disease incurred or contracted in line of duty in the military or naval service at any time, may be provided with an artificial limb or other appliance found by the Administrator of Veterans' Affairs to be reasonably necessary in medical judgment for such injury or disease, including necessary transportation to effect the fitting thereof, upon receipt of claim under such regulations as the Administrator of Veterans' Affairs may prescribe. No commutation in lieu of such artificial limb or other appliance shall be payable on and after the date of this enactment."

Sec. 2. The United States Employees' Compensation Commission, under such regulations as the Commission may prescribe, is hereby authorized to furnish any civilian employee of the military or naval service, Regular Establishment, who lost a limb or the use thereof through injury or disease incurred or contracted in line of duty as such prior to September 7, 1916, with an artificial limb or other appliance, or commutation in lieu thereof, at least once in every three years, upon the application of the person entitled thereto,

or someone on his behalf, including necessary transportation to effect the fitting thereof and the compensation fund, established pursuant to section 35 of the Act approved September 7, 1916 (U.S.C., title 5, sec. 785), shall be available for expenditures under this section: Provided: That the commutation payable to any civilian employee in lieu of such artificial limb or other appliance shall be in the amount last paid to such employee under laws repealed by section 3 of this Act.

Any Act, or parts of Acts, in conflict or inconsistent with the provisions of this Act, are hereby repealed to the extent of such conflict or inconsistency.

Approved May 23, 1944.

Hospital Treatment, Institutional or Domiciliary Care by the
United States of any Disabled Veteran.

(Public Law 114, 78th Congress).

"Where any disabled veteran having neither wife, child, nor dependent parent is being furnished hospital treatment institutional or domiciliary care by the United States, or any political subdivision thereof, any pension, compensation, or retirement pay shall not exceed \$20 per month: Provided, That the amount payable for any such disability under the provisions of part III of Veterans Regulation Numbered 1 (a), as amended, shall not exceed \$8 per month. Where any disabled veteran who is being furnished hospital treatment, institutional or domiciliary care by the United States, or any political subdivision thereof, has a wife child, or dependent parent, the pension, compensation, or retirement pay may, in the discretion of the Administrator, be apportioned on behalf of such wife, child or dependent parent, in accordance with instructions issued by the Administrator."

Public Law 209 - 78th Congress

AN ACT

To authorize the Administrator of Veterans' Affairs to furnish seeing-eye dogs for blind veterans.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Administrator of Veterans' Affairs is authorized, under such regulations as he may prescribe, to provide seeing-eye or guide dogs trained for the aid of blind veterans who are entitled to disability compensation under laws administered by the Veterans' Administrator, and to pay all necessary travel expenses to and from their homes and incurred in becoming adjusted to such seeing-eye or guide dogs and also to provide such veterans with mechanical electronic equipment for aiding them in overcoming the handicap of blindness.

Sec. 2. There is hereby authorized to be appropriated the sum of \$1,000,000, or so much thereof as may be necessary, to carry out the purposes of this Act.

Approved May 24, 1944.

Veteran of Any War - Definition of.

"World War II, any honorably discharged person who served in the active military or naval service of the United States on or after December 7, 1941 and before the termination of hostilities in World War II: Provided, that the term "active military or naval service" as used herein, shall include active duty as a member of the Women's Auxiliary Army Corps, Women's Reserve of the Navy and Marine Corps, Women's Reserve of the Coast Guard." (R-2694(7)).

It is provided that any enlisted man or officer in a retirement status at the date of death, if shown to have served honorably during a period of war, is considered to be a Veteran of that particular war. (R-2694(8)).

ST. ELIZABETH'S HOSPITAL, WASHINGTON, D. C.

Insane Patients, Preliminary Treatment.- Whenever practicable, patients showing evidence of being psychotic shall be transferred to a naval hospital for treatment and determination of their mental condition.

Patients under treatment for mental disease in naval hospitals in the United States who require commitment to an institution for the care of the insane, or who require prolonged observation to establish diagnosis, shall be transferred upon approved recommendation of a board of medical survey to the United States Naval Hospital, Bethesda, Maryland, on the Atlantic coast, or to the United States Naval Hospital, Mare Island, California, on the Pacific coast. Exceptions may be made in the cases of those hospitals which have been authorized to effect transfer direct to the United States Public Health Service Hospital, Fort Worth, Texas. The naval hospitals named will further dispose of such cases in accordance with established policy.

Insane patients may be transferred to the United States Naval Hospital, Bethesda, Maryland, without the prior approval of the Bureau or the Bureau of Naval Personnel. The transfer of such patients shall be so arranged that they will not arrive at the hospital on a Saturday or Sunday.

Recommendation for Attendants to Accompany Insane Patients. Boards of medical survey recommending the transfer of insane persons to hospitals shall consider the practicability in each case of having the patient transferred under the charge of a medical officer or a hospital corps officer, with other attendants if necessary.

Information to be Obtained Prior to Transfer.- Medical officers having charge of an insane patient, prior to recommending transfer to a hospital for the insane, shall endeavor to obtain an accurate family and personal history of the patient and to secure statements relative to the case from any institution for the insane of which the patient may have been an inmate. Any such statement shall be appended to the report of medical survey.

Persons Eligible for Admission to St. Elizabeth's Hospital, District of Columbia.- The Secretary of the Navy may order the admittance to St. Elizabeth's Hospital of (1) insane persons belonging to the Navy, Marine Corps, or Coast Guard, (2) men, who, while in the service of the Navy, Marine Corps, or Coast Guard were admitted to St. Elizabeth's Hospital, were discharged therefrom on

the supposition that they had recovered their reason, but who become insane again within three years after such discharge from causes existing at the time of such discharge, (3) indigent insane persons who have been in the Navy, Marine Corps, or Coast Guard and have been discharged on account of disability arising from insanity, and (4) indigent insane persons who have become insane within three years after their discharge from the Navy, Marine Corps, or Coast Guard for causes which arose during and were produced by their Navy or Marine Corps service. (Sec. 4843, R.S.).

Retired personnel of the Navy and Marine Corps and enlisted men of the Fleet Reserve and Fleet Marine Corps Reserve, transferred thereto after 16 or more years of naval service, may be admitted to St. Elizabeth's Hospital by the order of the Secretary of the Navy.

By executive order of the President on 26 February 1942 insane patients may be admitted to the United States Public Health Service hospitals at Lexington, Kentucky, and Fort Worth, Texas under the same terms and conditions as such persons may be entitled to admission to St. Elizabeth's Hospital. Since no accommodations for officers are available at either of these Public Health Service hospitals, they shall be transferred to the United States Naval Hospital at Bethesda, Maryland. The provisions of the executive order will be in effect for the duration of the present war and six months thereafter. Persons admitted to either of these Public Health Service hospitals under the terms of the executive order may continue to be cared for and treated after the termination of the specified period for admittance.

Records required for Admission to St. Elizabeth's Hospital.
For the information of the superintendent of St. Elizabeth's Hospital the following records shall accompany each patient upon his admission to the hospital:

- (a) Order for admission.
- (b) Copy of report of medical survey.
- (c) Copy of hospital ticket.
- (d) Health record, to be given to the naval medical officer on duty at St. Elizabeth's Hospital, who shall make a concise record of the case and upon completion of the record shall forward it to the commanding officer, United States Naval Hospital, Bethesda, Maryland, for disposition.
- (e) Copy of Department of Interior Form (procurable from the Bureau).

Receipt for the Person and Personal Effects.- Upon the admission of a patient to St. Elizabeth's Hospital the hospital authorities shall furnish the medical officer or attendant delivering such patient a receipt for the person and personal effects of the patient. This receipt shall be forwarded without delay to the Bureau for the permanent files of the Bureau.

Disposition of Patients in St. Elizabeth's Hospital.-
Commissioned and Warrant Officers.- (a) Commissioned and Warrant Officers under treatment in St. Elizabeth's Hospital shall be returned to duty status only upon the approved recommendation of a Board of Medical Survey.

(b) As soon as it becomes definitely established that a commissioned or warrant officer under treatment in St. Elizabeth's Hospital is permanently incapacitated for active service, he shall be surveyed and recommendation made that he appear before a retiring board.

Enlisted Personnel.- Before disposition is made of enlisted men of the Navy or Marine Corps under treatment in St. Elizabeth's Hospital, a medical survey shall be held. If they are found definitely insane, recommendation for disposition shall be made as follows.

(a) Men who are able to care for themselves, and who will not be a menace to themselves or to the community, shall be discharged from the service and from treatment at St. Elizabeth's Hospital.

(b) When it is deemed advisable, patients in St. Elizabeth's Hospital may be discharged from the service and delivered into the custody of the next of kin.

(c) Patients in need of further institutional care who are eligible for transfer to Veterans Administration facilities shall be transferred prior to discharge if requested by the family or next of kin. No Navy or Marine Corps patient, who is in need of further institutional care, shall be discharged from the service until his family or next of kin have been notified and afforded an opportunity to express their desire as to his future care and disposition. Such patients shall be disposed of, so far as may be practicable, in accordance with the expressed desire of the family or next of kin.

(d) War veterans who have been discharged from the service and who are eligible for treatment by the Veterans Administration shall not be admitted to St. Elizabeth's Hospital, but shall be referred to the Veterans Administration.

(e) Patients who require permanent or prolonged treatment and who are not eligible for transfer to Veterans Administration facilities may be discharged from the service and retained at St. Elizabeth's Hospital.

Death of Patient at St. Elizabeth's Hospital.- When a patient of the Navy, Marine Corps, or Coast Guard dies at St. Elizabeth's Hospital, the official death report shall be approved and forwarded to the Bureau by the Commanding Officer, United States Naval Hospital, Bethesda, Maryland.

Discharge of Insane Patients by Medical Survey.- Boards of medical survey recommending discharge of the harmless insane, able to care for themselves or to be cared for by their families or friends, shall enter on the report of medical survey the statement "Not a menace to himself or the community."

Boards of medical survey may recommend the discharge and release of enlisted men considered insane and a potential menace to themselves or others, provided: (1) it is the opinion of the board that discharge will prove beneficial to the patient's condition and such action is agreed to by the next of kin, or (2) the discharge is requested by the next of kin. Such recommendation shall be made only after arrangements have been effected to release the patient into the custody of the next of kin or some other responsible individual designated by the next of kin. A written agreement to accept custody of the patient on discharge shall be obtained prior to the submission of the survey report and noted thereon. The Survey report also shall show what arrangements have been effected to assure protection of the patient's and the public's interests while he is en route to his home.

OTHER GOVERNMENT HOSPITALS

Admission of Naval Patients to Other Government Hospitals.

Under provisions of an act of 19 January 1929, the Bureau is authorized to provide for the care and treatment in Government hospitals other than naval, officers and enlisted personnel of the Navy and Marine Corps, active and retired, and of members of the Naval Reserve and Marine Corps Reserve entitled to treatment in naval hospitals. Such hospitalization is subject to three conditions:

- (1) the authorization of the Bureau;
- (2) the unavailability of appropriate naval hospital facilities; and
- (3) the consent of the authorities of other Government hospitals concerned.

The classes of personnel to whom the act applies are limited to:

- (1) Officers and enlisted personnel of the Navy and Marine Corps on the active or retired list.
- (2) Officers and enlisted personnel of the Naval Reserve and Marine Corps Reserve while employed on active duty.
- (3) Transferred members of the Fleet Reserve and Fleet Marine Corps Reserve, whether on active duty, in an inactive status, or on the retired list of the regular Navy.

The treatment of naval pensioners in Government Hospitals other than naval is not authorized under this act.

The routine admission of active duty personnel to other Government hospitals in the absence of naval hospital facilities may be authorized by commanding officers or other competent naval authorities.

Requests for treatment of retired officers and retired enlisted men and transferred members of the Fleet Reserve (inactive) and Fleet Marine Corps Reserve (inactive) in other Government hospitals shall be submitted to the Bureau for prior consideration. If practicable, such personnel shall report to a naval hospital or naval medical officer for examination, and the hospital or medical officer shall then submit a report to the Bureau covering

the diagnosis and present condition, with recommendation as to the character of hospitalization required and statement as to whether appropriate naval hospital facilities are available. If a naval hospital or naval medical officer is not available for such examination, a certificate from the attending physician will be considered. In any case, the Bureau may validate only those expenses incurred on and subsequent to the date of authorization.

No transportation expenses shall be paid for retired or inactive personnel under this act.

ARMY HOSPITALS

Article 1189(6) of Navy Regulations specifies that in the absence of naval hospital facilities, the hospitals of the United States Army or of the United States Public Health Service, where available, shall be utilized for the hospitalization of the personnel of the Navy and Marine Corps.

Officers and enlisted men of the Navy and Marine Corps on the active list will be admitted to any Army hospital on the request of their immediate commanding officers, and they may be admitted on their own request, their commanding officers not being present, if in the opinion of the medical officer in command of the hospital or the surgeon of the station such admission is necessary. (Article 1204(5), N.R.)

By an agreement between the War Department and the Navy Department which shall be in force for the duration of the war and six months thereafter, no charges will be made as between the two services for the furnishing of supplies and medical services in connection with the hospitalization of the United States Army and Navy personnel in the medical department facilities of either service.

Officer personnel of either service shall be required personally to defray the cost of subsistence when hospitalized in a hospital or other medical department unit of the other service.

Retired officers and enlisted men of the regular Navy and Marine Corps and enlisted men of the Navy and Marine Corps transferred to the Fleet Reserves after 16 or more years of service may be admitted to any Army hospital on their own request subject to the approval of the medical officer in command of the hospital or the surgeon of the station. (Art. 1204(6), N.R.).

Suspension of Reimbursement Covering Hospitalization of Army and Navy Personnel Overseas.

P3-2NH(054), C-LET, 17 May 1944

ACTION: ALL SHIPS AND STATIONS

(Ref.: ALNAV 97, 12 May 1943.)

(Which stated that authorized transfers of supplies, equipment, and services from naval vessels and activities outside continental limits to Army activities outside continental limits will henceforth be made without reimbursement; and gave instructions for invoicing such transfers.)

1. By agreement between the War Department and the Navy Department no charges will be made as between the two services for the furnishing of supplies and services in connection with the hospitalization of United States Army and Navy personnel in the overseas medical department facilities of either service.
2. This suspension period, during which requests for reimbursement of medical and hospital costs are waived, is retroactive to include all outstanding statements for reimbursement, and the arrangement will be continued in force for the duration of the war and for six months thereafter.
3. Accordingly, no financial reports will be submitted from naval hospitals or other naval Medical Department activities outside of the continental United States (the forty-eight States of the Union) covering the hospitalization or medical care of United States Army personnel; and Form U or other financial reports will not be required covering the hospitalization or medical treatment of United States Navy personnel by the Medical Department of the United States Army outside of the continental United States.
4. Inasmuch as the maintenance of complete medical records is of vital importance in the protection of the interests of the Government and of the individual, it is essential that record of medical care and hospitalization by the Army be obtained and entered in the individual health record of the officer or enlisted man of the Navy or Marine Corps concerned, and that all required Medical Department statistical reports be rendered. Similarly, when Army personnel are cared for by the Medical Department of the Navy, proper records of hospital and medical care will be made and transmitted to the cognizant Army authorities.

--BuM&S. Ross T McIntire

Suspension of Reimbursement Covering Hospitalization of Army and Navy Personnel on Active Duty.

C-LET, P3-2/NH(054-42), 23 July 1943

ACTION: ALL SHIPS AND STATIONS

(Ref.: BuMed ltr. to All Ships and Stations, P3-2/NH(054), 17 May 1943; N. D. Bul. of 1 June 1943, R-1093.)

1. Reference promulgated to the service information and instructions pursuant to the agreement between the War Department and the Navy Department suspending charges for the furnishing of supplies and services in connection with reciprocal hospitalization of United States Army and Navy personnel in the overseas medical department facilities of either service.
2. This agreement has now been extended to suspend for the duration of the war and for 6 months thereafter all requests for reimbursement of medical and hospital costs furnished to active-duty personnel by the medical department of either service to the other within the continental limits of the United States as well as overseas.
3. Accordingly, detailed reports of hospitalization will not be required from naval hospitals or other naval Medical Department activities, wherever located, covering the hospitalization or medical care of United States Army active-duty personnel; and NavMed Form U or other detailed reports will not be required covering the hospitalization or medical treatment of United States Navy and Marine Corps personnel by any unit of the Medical Department of the United States Army.
4. Exceptions to this directive are with respect to the hospitalization in naval hospitals of retired (inactive) officers, nurses and enlisted men of the Army and with respect to the hospitalization in Army hospitals of retired (inactive) officers and enlisted men of the Navy and Marine Corps, retired (inactive) nurses of the Navy, and inactive enlisted men of the Fleet Reserve and the Fleet Marine Corps Reserve. Detailed reports of hospitalization will be submitted and subsistence charges will be collected from retired (inactive) personnel of the Army hospitalized in naval hospitals. Collections of charges for subsistence of these personnel will be deposited with the local disbursing officer to the credit of the appropriation from which the mess is supported in accordance with the instructions contained in Bureau Circular Letters F, Appendix D, Manual of the Medical Department, on the subjects of Quarterly Ration Return and Supernumerary Patients. The War Department will continue to bill the Navy Department for hospitalization in Army hospitals of retired (inactive) enlisted personnel of the Navy and Marine Corps and inactive

enlisted personnel of the Fleet Reserve and Fleet Marine Corps Reserve when individual authorization for such hospitalization has been issued by the Bureau of Medicine and Surgery. Where individual authorization in these cases has not been issued by the Bureau of Medicine and Surgery the individual is required to defray the cost of subsistence as determined by the Army hospital concerned. Retired (inactive) officers of the Navy and Marine Corps and retired (inactive) nurses of the Navy when hospitalized in Army hospitals are also required to defray cost of subsistence as may be determined by the Army hospital concerned.

5. Officer personnel of either service will be required personally to defray the cost of subsistence when hospitalized in a hospital or other medical department unit of the other service. Accordingly, naval hospitals and other naval medical facilities subsisting active-duty officer personnel of the Army will provide for local collection of the subsistence charge at the rate specified in the naval appropriation act of the fiscal year involved. Receipt for the amount collected should be furnished the individual officers concerned. Funds so collected will be deposited with the local disbursing officer to the credit of the appropriation from which the mess is supported.

6. The reports prescribed by paragraph 2207(b), Manual of the Medical Department, will not be required during the period covered by the agreement. However, this agreement does not suspend the requirement that case records shall be maintained in naval hospitals as required by Circular Letter I-4, Appendix D, Manual of the Medical Department. It has been agreed that the Navy shall furnish the Office of the Surgeon General, United States Army, the individual medical statistical card (Form Fa) used by the Navy for the reporting of medical statistical data. To this end naval Medical Department units shall complete and forward Form Fa to the Bureau of Medicine and Surgery for Army personnel under the same instructions as govern the submission of the form for naval personnel. Similarly, the Medical Department of the Army will complete and forward to the Bureau of Medicine and Surgery the Army statistical card. In addition to the above, Navy Medical Department units will notify the duty stations of the individual Army patients admitted for treatment, giving the diagnosis, dates of admission and discharge, and such other data as may be requested by the local command. In turn, the Army Medical Department has been instructed to provide this same information with respect to naval personnel. The completion of these medical records is of importance both to the Government and to the individual and should receive first attention from those charged with the custody of the health records of the personnel concerned.

BuM&S. L. Sheldon, Jr.

Procedure for the Preparation and Submission of Medical Records and Reports of Army Patients in Oversea Navy Medical Units and Navy Patients in Oversea Army Medical Units.

BUMED:R-3:DME, P3-5/QA(012), 10 March 1944

ACTION: ALL SHIPS AND STATIONS

(Ref.: (a) BuMed ltr. P3-2/NH(054-42), 23 July 1943; N. D. Bul. of 15 Aug. 1943, R-1311.)

1. The following procedure is prescribed for the preparation and submission of the medical records and reports concerning hospitalization of Army patients in oversea Navy medical units and Navy patients in oversea Army medical units and modifies the instructions in paragraph 6 of reference (a) accordingly.

A. Records required.

- a. Emergency Medical Tag, U. S. Army (Medical Department, U.S.A. Form 52b); or Navy Field Diagnosis Tag.
- b. Field Medical Record (Medical Department, U. S. Army Form 52c); or Navy Health Record Medical History Sheet (NavMed Form H-8) which shall be headed in every case with the following data:
 - (1) Name in full, last name first.
 - (2) Serial number.
 - (3) Grade or rate.
 - (4) Company, regiment, arm or service (infantry, field artillery, etc.), division, Army (1st, 2d, 3d, etc.), or naval unit to which regularly attached.
 - (5) Date of birth.
 - (6) Race (white, negro, etc.)
 - (7) State or country in which born.
 - (8) Length of service.
 - (9) Source of admission.
- c. Death certificate in case of death, either the Navy or Army standard form.

B. Preparation of records.

- a. The Emergency Medical Tag (Form 52b) is used by aid stations and dispensaries of the Army to identify the individual and to record diagnosis, treatment, and disposition of the patient. The Navy Field Diagnosis Tag is used for the same purpose by medical units of Navy and Marine Corps organizations in combat operations. These forms may be used interchangeably for either Army or Navy patients. When a patient is received with

either of these tags it signifies that he has been transferred to the medical unit concerned. Upon arrival of such patients for hospitalization the medical records mentioned in paragraph A-b shall be opened and the tag mentioned above will be retained and transmitted with those records. When patients of either service are received at medical installations without this tag, the medical record mentioned in paragraph A-b will be opened as the initial record of the case. Either the Field Medical Record (Form 52c) or the Navy Medical History Sheet (NavMed Form H-8) prepared in accordance with instructions in paragraph A-b will be used.

- b. When patients are received from other hospitals the medical records as received shall be continued.
- c. Death certificates (NavMed Form N), or the corresponding Army form, shall be prepared in each case of death of patients of either service in the medical installations of the other. The forms shall be prepared in accordance with the printed instructions on the form or as indicated by the form. A clear impression of the right index finger on each copy of death certificate of deceased Navy and Marine Corps personnel is desirable. If print is of any other finger, state which finger.

C. Disposition of records.

- a. Army patients in naval medical units.
 - (1) Transfer as patients. - All medical records mentioned in this circular to accompany the patient.
 - (2) Discharged to duty. - All medical records mentioned in this circular will accompany the patient to the Army unit to which the individual is transferred upon discharge. The medical officer of the Army unit concerned will dispose of these medical records in accordance with current instructions of the War Department or local Army command for the disposition of medical records of patients returned to duty.
 - (3) Deaths of Army patients in naval medical units. Death certificates and all other medical records mentioned in this circular will be delivered to an Army unit for disposition in accordance with current instructions of the War Department or local Army command for the disposition of records of deceased Army personnel. In the event this procedure is not feasible, the death certificate and all other medical records should be forwarded direct to the Surgeon General's Office, War Department, Washington, 25, D. C.
- b. Navy and Marine Corps patients in Army medical units.
 - (1) Transfers as patients. - Same procedure as for Army patients in naval medical units.
 - (2) Discharged to duty. - All medical records mentioned in this circular will accompany the patient to the Navy or Marine Corps

unit to which the individual is transferred upon discharge. The medical officer of the Navy or Marine Corps unit concerned will enter on the medical abstract sheet of the individual's health record the date of admission, the diagnosis, the date of discharge, and the number of sick days for the disability for which hospitalized. A resume of the case may be entered on the medical history sheet of the health record. The medical records as received from the Army medical unit will then be forwarded to the Bureau of Medicine and Surgery, Navy Department, Washington 25, D.C. Neither NavMed Fa card nor any other report of such cases is required, nor will such cases be included in the NavMed F (smooth) of any naval medical unit. In case the Navy or Marine Corps records of the individual are not available in the unit receiving him and he is to be retained in that unit, the records will be requested from the Navy unit to which regularly attached. If the individual is to be returned to the unit to which regularly attached, a medical abstract sheet shall be prepared as indicated above and forwarded with the individual.

(3) Deaths of Navy or Marine Corps patients in Army medical units.

(a) Dispatch notification of death to the Navy or Marine Corps organization to which regularly attached, stating name in full, grade or rating, and corps, service number in case of enlisted personnel, if available, date of death and cause of death.

(b) Navy or Army death certificate and all other medical records should be forwarded direct to the Bureau of Medicine and Surgery, Navy Department, Washington 25, D.C.

- D. Notification of direct admissions and transfers. - When a Navy patient is admitted to an Army installation by a direct admission, the nearest naval authority will be notified of such admission, giving date of admission, name, grade, and serial number, diagnosis, and prognosis. Whenever a Navy patient is to be transferred from an Army medical installation to another, the transferring Army installation will notify the nearest naval authority of the pending transfer, giving name, grade, and serial number, diagnosis, prognosis, date originally received, proposed date of transfer, and name of installation to which transfer will be made. A similar procedure will be followed by the naval installation to the Army when an Army patient is admitted to a naval installation by direct admission or is to be transferred from one naval installation to another.
- E. Administrative records. - The service record, pay accounts, and other administrative records of Navy and Marine Corps patients under treatment in Army medical installations will be handled by

Navy as outlined in article 1203, U. S. Navy Regulations, or as may be prescribed by the force or area commander. Such records of army personnel in Navy medical installations will be handled by the Army in accordance with existing War Department regulations or as may be prescribed by the theater commander.

2. A directive similar to the foregoing will be issued by the War Department.

—BuMed. Ross T. McIntire

THE ARMY AND NAVY GENERAL HOSPITAL

Establishment.- The Army and Navy Hospital at Hot Springs, Arkansas, was established by an act of 30 June 1882. All patients were made subject to the rules and articles for the government of the armies of the United States by an act of 3 March 1909 (35 Stat., 748).

Organization.- An executive order of 25 August 1892 provides that the organization of the hospital shall consist of one medical officer of the Army, who shall command it, and such other medical officers of the Army and Navy as may be necessary, to be detailed by the Secretary of War and the Secretary of the Navy, respectively.

Administration and Function.- The hospital is under the direction of the Secretary of War. While equipped to care for all types of medical and surgical conditions (except insanity and pulmonary tuberculosis), the hospital is to be utilized by the Navy chiefly in connection with those types of diseases and injuries for which the Hot Springs mineral waters have been found to be of special benefit. Venereal cases are not admitted, except chronic cases of at least one year's duration.

Persons Eligible for Treatment.- The following classes of patients may be admitted:

(a) Officers, nurses, commissioned warrant officers, warrant officers, and enlisted men of the Navy and the Marine Corps on the active list and midshipmen of the United States Naval Academy.

(b) Beneficiaries of the United States Veterans Administration to the extent of the beds allotted that agency by the Surgeon General, United States Army.

(c) Officers, nurses, commissioned warrant officers, warrant officers, and enlisted men of the Navy and the Marine Corps on the retired lists or the equivalent thereof.

(d) Members of the Naval Reserve and the Marine Corps Reserve who are entitled to treatment in naval hospitals.

(e) Honorably discharged officers, nurses, commissioned warrant officers, warrant officers, midshipmen, and enlisted men of the Navy and the Marine Corps (including National Guard forces, Naval Militia, volunteers, and drafted or selected men in the service of the United States).

Authority for Admission.- The Surgeon General of the Navy may grant authority for admission to the Army and Navy General Hospital to all persons in the Navy or Marine Corps on active duty status upon the report of a board of medical survey, or, when that is impracticable, upon the certificate of a naval medical officer, clearly stating the applicant's disability. If a naval medical officer is not available, a certificate from the attending physician will be considered. (Art. 1830, N.R.).

Admission of Inactive Retired Personnel.- Retired personnel (including enlisted men transferred to the Fleet Reserves after 16 or more years of naval service) of the Navy and the Marine Corps shall apply direct to the Commanding officer of the Army and Navy General Hospital for admission to that hospital.

Admission of Ex-Service Personnel.- Honorably discharged ex-service personnel may be admitted to the hospital, when vacant beds are available, upon permits issued by the Commanding officer of the hospital, from whom application blanks may be obtained.

The application forms must be properly prepared, giving all necessary information concerning the applicant, and be certified by a practicing physician, stating the nature of the disability and the probably period required for hospital treatment. Permits become invalid 21 days after date of issuance. Patients admitted under such authority may be discharged from the hospital by the commanding officer at any time he may deem proper.

Applicants should not go to Hot Springs expecting admission to the Army and Navy General Hospital until permits have been issued. Expenses to and from the hospital must be defrayed by the patient.

Papers Required for Admission.- Upon admission to the hospital the patient shall present the following papers relating to his case:

- (a) Order for admission.
- (b) Copy of report of medical survey (if recommended by a board of medical survey).
- (c) Health record (if patient is on active list).
- (d) Copy of hospital ticket (if transferred from a ship or station).
- (e) A statement of patient's condition (if admitted upon certificate of a civilian physician).

Charges for Treatment.- For officers and enlisted men of the Navy and Marine Corps on the active list, and for those officers and

enlisted men on the retired list (including enlisted men transferred to the Fleet Reserve after 16 or more years of naval service) whose admission to the Army and Navy General Hospital has been authorized by the Bureau under the act of 19 January 1929, the Surgeon General of the Army will bill the Bureau at the prevailing reciprocal rate established by the Federal Board of Hospitalization. The accounts of all officers, active and retired, will be checked for hospital ration in the same manner as when in a naval hospital.

NOTE: For the duration of the war and for 6 months thereafter, due to a reciprocal agreement between the War Department and the Navy Department charges for the furnishing of hospitalization, supplies and services to Army and Navy active duty personnel is suspended.

For retired officers who are admitted on authorization of the Surgeon General of the Army, subsistence charges of \$1.50 per day will be collected by the hospital.

According to Mr. Gibbs, the Army Navy General Hospital, Hot Springs, Arkansas is included in the reciprocal agreement whereby Army patients may be admitted to a Naval Hospital and vice versa without charge and consequently no special arrangements need be made through his office for the admission of active duty personnel to that hospital. Proper procedure would be for such a transfer to be recommended by a Board of Medical Survey approved by this Bureau and referred to the Bureau of Naval Personnel or the Commandant of the Marine Corps for further action. For further information concerning hospitalization in Army hospitals, call Major Blais, War Department, extension 76652.

EX-SERVICE APPLICANTS FOR ADMISSION AS PATIENTS TO THE ARMY
AND NAVY GENERAL HOSPITAL, AT HOT SPRINGS, ARKANSAS

The hospital is administered under the direction of the Secretary of War, and is devoted to the treatment of such diseases as the waters of the Hot Springs of Arkansas have an established reputation in benefiting.

Relief may reasonably be expected at the Hot Springs in the following conditions: The various forms of rheumatism, including muscular and articular conditions, after the acute or inflammatory stage has passed; neuralgia and neuritis and metallic poisoning of a chronic nature; paralysis not of central origin; the earlier stages of locomotor ataxia and any other chronic degenerative change of nervous origin (insanity excepted); chronic nephritis and cardio-renal diseases (the early stages only); chronic skin diseases, especially the squamous varieties; arteriosclerosis; neurasthenic conditions due to overwork, and other conditions accompanied by high blood pressure; certain metabolic diseases, such as gout, diabetes, obesity, etc.; chronic gastro-intestinal diseases which have not responded to continued hospitalization at other places (gastric neuroses, post dysenteric colitis, chronic intestinal stasis, etc.).

Admission to this hospital of all such cases regardless of their severity is not, however, contemplated. Its facilities will not be extended to mild and transient cases which should yield to ordinary treatment, but are reserved for those of a serious and obstinate character which, though resisting ordinary methods of relief, promise a rapid and permanent recovery from the use of the waters of the springs.

Ex-service men of the following classes may be admitted to this hospital, when vacant beds are available, upon permits issued by the Surgeon General of the Army, from whom blank forms of application can be obtained: Honorably discharged officers, commissioned warrant officers, warrant officers, Army field clerks (male), field clerks Q.M.C. (male), cadets, cadet engineers and enlisted men of the Army, the Navy, the Marine Corps (including National Guard forces, Naval Militia, volunteers and drafted or selected men in the service of the United States), the Coast Guard and the Coast and Geodetic Survey, and honorably discharged officers of the Public Health Service.

The application forms must be properly filled in, giving all necessary information in relation to the applicant, and be certified to by a practicing physician, stating the nature of the disability and the probable period required for hospital treatment. Permits issued thereunder are not valid after twenty-one days from their date. Patients admitted under this authority may be discharged from the hospital by the commanding officer at any time he may deem proper.

Applicants should not go to Hot Springs expecting admission to this hospital on their applications until permits therefor have been issued to them from the Office of the Surgeon General, War Department. They must pay their own expenses to and from Hot Springs, as the Government does not provide for reimbursement thereof from public funds. While at the hospital they are subject to a hospital charge of \$1.10 a day (85 cents for food and 25 cents for medicine) if treated on the status of an enlisted man, and of not exceeding \$1.75 a day (not exceeding \$1.50 for food and 25 cents for medicine) if treated on the status of an officer. The hospital charges must be paid at suitable times as determined by the commanding officer.

The foregoing information applies to honorably discharged ex-service men who desire admission to this hospital as pay patients on their own application. Honorably discharged ex-service men of any war, military occupation, or military expedition may be entitled to hospital treatment, including transportation, at the cost of the United States under the administration of the Veterans' Bureau. Ex-service men who desire the benefits of that Bureau should apply to the nearest representative thereof.

The government makes no provision for the gratuitous care in this hospital of ex-service men, except those who are entitled to such care under the provisions of the laws administered by the Director of the Veterans' Bureau.

Patients reach the hospital from the West, North, and East most conveniently by way of St. Louis over the Iron Mountain Railroad. By leaving St. Louis at night patients arrive at a reasonable hour next day. Those from the South should go by way of Memphis over the Rock Island Railroad.

FITZSIMONS GENERAL HOSPITAL.

The Bureau has made arrangements with the Surgeon General of the Army to transfer a limited number of naval cases of pulmonary tuberculosis to Fitzsimons General Hospital, Denver, Colorado, for treatment.

In general only officers, midshipmen, nurses, and those members of the enlisted personnel whose total service is such that they are eligible for transfer to the Fleet Reserve or the Fleet Marine Corps Reserve will be recommended for transfer to Fitzsimons General Hospital. Additional qualifications for recommendation are:

- (1) the case is unusual and seems not to be improving under existing conditions;
- (2) the diagnosis is confirmed by X-ray positive sputum;
- (3) the case gives promise of deriving positive benefit from the climatic influences prevailing in the region of Denver, Colorado.

When patients are to be transferred to Fitzsimons General Hospital the commanding officer shall be informed by a timely dispatch giving (1) the number of patients. (2) their names and ranks or ratings, (3) whether or not they are stretcher cases, (4) the date and hour of departure en route, and (5) the probable date and hour of arrival at Denver, Colorado.

May 30, 1945.

According to information received from Mr. Gibbs, The Army will no longer admit retired Navy personnel to the Fitzsimons General Hospital.

PUBLIC HEALTH SERVICE HOSPITALS

In the absence of available naval hospital facilities the hospitals of the Public Health Service may be utilized for the care of naval personnel on the active list in the same manner that Army hospitals are so utilized.

Retired personnel (including enlisted men transferred to the Fleet Reserve after 16 or more years of service) may not be admitted to Public Health Service hospitals except on the prior authority of the Bureau.

Narcotic addicts among naval and Marine Corps personnel may be admitted to hospitals of the Public Health Service having facilities for the care of such persons.

UNITED STATES NAVAL HOME

Persons Eligible for Admission.- Retired officers of the Navy or Marine Corps may be admitted to the benefits of the Naval Home by permission of the Secretary of the Navy.

Enlisted men of the Navy or Marine Corps may be admitted to the benefits of the Naval Home by authority of the Bureau of Naval Personnel under the following classifications:

- (a) Discharged enlisted men of the Navy or Marine Corps who have served in the Civil War, the War with Spain, the Philippine Insurrection, the World War, or any other service where the armed forces of the United States have been employed and their lives hazarded in military operations and who are, by reason of wounds, sickness, old age, or other disability, unable to support themselves by manual labor.
- (b) Discharged enlisted men of the Navy or Marine Corps who have become disqualified for further service by wounds, or injuries received or by disease contracted in the service in the line of duty, and who are unable to support themselves by manual labor.
- (c) Retired enlisted men of the Navy or Marine Corps unable to support themselves by manual labor.

Procedure for Admission.- Application for admission to the Naval Home shall be in duplicate and addressed to The Governor, United States Naval Home, Philadelphia, Pennsylvania. Blank forms may be obtained from the governor of the Naval Home or from the Bureau of Naval Personnel, Navy Department, Washington, D. C.

Applicants for admission to the Naval Home shall furnish the information required on the application form issued by the Bureau of Naval Personnel.

Applicants must produce a certificate from a medical officer of the Navy or if such officer is not available, an attested certificate from a reputable physician, setting forth the nature of their disability and the fact that they are not able to support themselves by manual labor.

Transportation to the Naval Home shall not be furnished except to destitute persons.

National Home for Disabled Volunteer Soldiers.

An Act to amend the Act of June 7, 1924, prescribing the persons entitled to the benefits of the National Home for Disabled Volunteer Soldiers and the method of their admission thereto.

"Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, that the Act approved June 7, 1924, is hereby amended to read as follows:

"The following persons shall be entitled to the benefits of the National Home for Disabled Volunteer Soldiers and may be admitted thereto upon the order of a member of the Board of Managers, namely: Honorably discharged officers, soldiers, sailors, or marines, including women commissioned or enlisted, and Army and Navy nurses under commission, enlistment, appointment, assignment or contract since April 21, 1898, who served in the regular, volunteer, or other forces of the United States, or in the Organized Militia or National Guard when called into Federal service, and who are disabled by disease or wounds and who have no adequate means of support, and by reason of such disability are either temporarily or permanently incapacitated from earning a living."

Approved, March 26, 1928.

Reciprocal Medical and Hospital Care of Members of the Armed Forces
of the United States and Canada When Furnished by Available Facilities
Under the Jurisdiction of Their Respective Services

P3-2/EF13-39(054), Ca-GJS, 22 April 1944

ACTION: ALL SHIPS AND STATIONS

1. Under an agreement entered into between the Bureau of Medicine and Surgery, Navy Department, and the Minister of National Defense, Canadian Government, necessary medical, dental, and hospital care (including out-patient treatment), to the extent that facilities of the respective services are available, will be furnished to members of the armed forces of the two governments who cannot reasonably obtain such care from the facilities provided by their own government.
2. There will be no charge for this service except as follows:
 - (a) Officer personnel of the United States Navy hospitalized in facilities of the military and air forces of Canada within its continental limits will be charged subsistence at the rate of \$1.00 per day, which will be collected from the individual by the hospital concerned. This charge is not made when treatment is furnished by the medical facilities of the Canadian naval forces within the continental limits of Canada, nor when furnished by any of the Canadian Government facilities outside the continental limits. No charge will be made for subsistence of members of Canadian armed forces who are patients in United States naval hospitals.
 - (b) Any unusual expense for services or supplies required for treatment of patients that can not be provided by the facilities of the respective hospitals, such as fees for specialists' treatment, civilian nurses, civilian ambulance service, transportation, and special equipment and supplies that have to be purchased in individual cases, will be billed to the services concerned on an actual cost basis. Bills covering such expenses incurred by the Medical Department of the United States Navy for care of patients of the Canadian Armed forces will be forwarded to the Bureau of Medicine and Surgery for payment, accompanied with report and explanation of the necessity for same. Bills will be submitted in duplicate, itemized and certified as per instructions in paragraph 3167 of the Manual of the Medical Department. Instructions in paragraph 2508 of the Manual of the Medical Department will be followed by naval hospitals in the same manner as for other supernumerary patients.

3. This reciprocal agreement covers the treatment in available facilities of personnel in a duty status and on liberty or leave. For identification purposes, personnel in a duty status should present written request for the required treatment from their respective commanding officers; personnel on liberty or leave should present leave papers together with identification tag; and personnel on detached duty, in the absence of a superior officer, should present identification tag with such other papers as they may have to establish identity. In the latter case verification should be made by telephone or dispatch to the individual's commanding officer.

4. Commanding officers, medical officers, or other officers of the U. S. Navy having cognizance of the treatment of any member of the naval forces of the United States in a facility of the Canadian Government will obtain such information as may be necessary for completion of the records and for the submission of required reports, especially Form NMS-U, which should be forwarded to the Bureau of Medicine and Surgery in accordance with instructions in the Manual of the Medical Department.

5. Commanding officers of naval hospitals and officers in charge of other units of the Medical Department of the United States Navy having cognizance of treatment rendered to members of the armed forces of Canada will make appropriate reports to the patient's commanding officer, and also keep a complete case record of each patient for submission to the Canadian Government, if requested.

6. Retention of patients will be only for the periods necessary to effect a return to duty, or other disposition as may be determined by the patient's commanding officer or other responsible authority where it is apparent that treatment and convalescence will probably exceed approximately 30 days. Patients requiring hospitalization temporarily admitted to United States naval dispensaries with limited facilities will be transferred to the nearest naval hospital as soon as practicable after determination by attending medical officer that such action can be taken with reasonable safety.

7. Dental treatment will be limited to emergency work, such as extractions, filling of cavities, and emergency repairs to dentures by available facilities.

8. In the event of death of a member of the Canadian forces while under the care of the Medical Department of the United States Navy, the remains will be prepared and encased under existing contracts and held pending instructions as to disposition. The commanding officer of the ship or station to which the patient is attached shall be notified by dispatch of his death and a similar dispatch shall be sent to the Secretary of the Navy, Washington, D. C. Reports shall be made to the Bureau of Medicine and Surgery as are made by naval hospitals for United States naval forces.

---BuM&S. L. Sheldon, Jr.

BUMED-WH-SOW
P16-3/P3-2

20 March 1945

To: MedOfsCom, NavHosps (Continental Limits)

Subj: Special Treatment and Convalescent Centers; Designation of and Transfer to.

Refs: (a) BuMed-BuPers-MarCorps Joint ltr 45-209, N.D. Bul 28 Feb 45.
(b) Joint Ltr BuMed-RP-OT, BuPers-66-EIH, 12 Jan 45.
(c) BuMED-J-JS, P4-3/NH(082) CumEd. ND Bul 1943 p 365.
(d) BUMED-S-CRM, P2-5/P16-3(092), 29 Jul 1943.
(e) BUMED-R1-JLA, P4-3/NH15(082), 9 Feb 1944.
(f) BUMED-R1-JLA, P16-3/P3-2(012), 15 Feb 1944.
(g) BUMED-Y-HS, P16-3/P3-2(063), 3 Mar 1944.
(h) BUMED-J-JS, P4-4/P3-2(073), 4 July 1944.
(i) BUMED-J-JS, P4-4/P3-2(043), 5 July 1944.
(j) BUMED-C-LET, NH11/NH(073), 15 Aug 1944.

1. References (d), (e), (f), (g), (h), (i), and (j) are hereby cancelled and all instructions in conflict with this directive are modified accordingly.

2. The transfer of all patients contemplated herein will be requested and effected in accordance with the provisions of reference (a).

A. Amputation Cases: U. S. Naval Hospital, Philadelphia, Pa.
U. S. Naval Hospital, Mare Island, Calif.

Patients to be transferred as soon after undergoing amputation of arm or leg (in accordance with the principles of reference (c), as is practical for patient to travel.

B. Blindness, bilateral: U. S. Naval Hospital, Philadelphia, Pa.

Patients to be transferred as soon as it is determined that bilateral blindness exists or that bilateral blindness is impending. Transfer must not be delayed for definitive medical or surgical treatment. Bilateral blindness will be considered to exist when there is a visual acuity of 20/200 or less in the better eye with correcting lenses; or with visual acuity greater than 20/200 but with limitation of the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees.

20 Mar 1945

C. Deafness: U. S. Naval Hospital, Philadelphia, Pennsylvania

Patients to be transferred as soon as it is determined that such deafness exists in order that re-education of the patient may be undertaken without delay. Deafness will be considered to exist when there is a true loss of hearing in the better ear of 30 decibels or more within the conversational range (256 to 2048), or of 3/15 or less in the better ear to whispered voice when audiometer is not available. Travel by aircraft is contra-indicated.

D. Malignancy: U. S. Naval Hospital, Bethesda, Md.
U. S. Naval Hospital, Brooklyn, New York.
U. S. Naval Hospital, Long Beach, Calif.

Patients requiring treatment by radium and other related procedures to be transferred as soon as practicable. If biopsy made, forward slides and specimen of tissue.

E. Neurosurgery: U. S. Naval Hospital, St. Albans, New York
U. S. Naval Hospital, Bethesda, Maryland
U. S. Naval Hospital, Oakland, California
U. S. Naval Hospital, San Diego, California

Patients to be transferred for neurosurgery such as peripheral nerve injuries, severe traumatic head injuries, brain tumors and spinal cord injuries.

F. Plastic Surgery: U. S. Naval Hospital, St. Albans, New York
U. S. Naval Hospital, Bethesda, Maryland
U. S. Naval Hospital, Oakland, California
U. S. Naval Hospital, San Diego, California

Patients to be transferred as soon as practicable for plastic Surgery such as deforming tissue defects, bone or cartilage implants, pedicle grafts, revision of cosmetically or functionally deforming scar tissue and for prostheses such as finger, ear, nose, or artificial eye.

G. Polio-myelitis: U. S. Naval Hospital, Corona, California
The Georgia Warm Springs Foundation,
Warm Springs, Georgia.

Patients to be transferred as soon as practicable after the post-febrile stage of the disease and patients are in condition to travel. To transfer to the Georgia Warm Springs Foundation, Warm Springs, Georgia, prior arrangement by the Bureau of Medicine and Surgery is required and Report of Medical Survey must be submitted for Bureau approval, paragraph 6, reference (a).

20 Mar 1945

- H. Psychotic cases: U. S. Naval Hospital, Bethesda, Md.
 U. S. Naval Hospital, Mare Island, Calif.
 Navy Unit, U. S. Public Health Service
 Hospital, Fort Worth, Texas.

Patients to be transferred in accordance with the provisions of references (a) and (b).

- I. Rheumatic Fever: U. S. Naval Hospital, Dublin, Georgia.
 U. S. Naval Hospital, Corona, Calif.
- J. Tuberculosis: U. S. Naval Hospital, Sampson, New York
 U. S. Naval Hospital, Corona, California

Patients to be transferred as soon as practicable for treatment, care and disposition of active tuberculosis.

- K. Convalescents: Patients who require little treatment other than rest, climate, diet, psychotherapy or physiotherapy before being returned to duty, or other disposition, shall be transferred to convalescent hospitals as listed. The clinical records, including x-ray films, must accompany all patients transferred to convalescent hospitals and will be returned to the hospital from which received when patient is returned to duty or otherwise disposed of.

U. S. Naval Convalescent Hospital, Harriman, New York

Male Officers only; completely ambulatory.

General medical and surgical convalescents; No N. P. cases.

U. S. Naval Convalescent Hospital, Springfield, Mass.

Male enlisted only.

General medical and surgical convalescents. N.P. cases who have completed hospitalization and are awaiting discharge from the Naval Service.

U. S. Naval Convalescent Hospital, Seagate, Brooklyn, N. Y.

Male officers and enlisted men.

General medical and surgical convalescents. N.P. cases who have completed hospitalization and are awaiting discharged from the Naval Service.

U. S. Naval Convalescent Hospital, Asheville, N. C.

20 Mar 1945

Officers and enlisted, including Waves.

General medical and surgical convalescents. No. N.P. cases.

U. S. Naval Convalescent Hospital, Glenwood Springs, Colorado

Male officers and enlisted men, ambulatory only.

General medical and surgical convalescents. Equipped with hot mineral baths and physiotherapy for chronic arthritis and orthopedic convalescents. Also, N.P. cases, except psychoses, epilepsy, constitutional psychopaths and mental deficient.

U. S. Naval Convalescent Hospital, Sun Valley, Idaho.

Officers and enlisted, including Waves.

General medical and surgical convalescents. Equipped to administer physiotherapy to orthopedic convalescents. Altitude may contraindicate certain medical cases. N.P. cases except psychoses, epilepsy, constitutional psychopaths and mental deficient.

U. S. Naval Convalescent Hospital, Yosemite National Park, Calif.

Male officers and enlisted men.

General medical and surgical convalescents. N.P. cases who have completed hospitalization and are awaiting discharge from the Naval service.

U. S. Naval Convalescent Hospital, Banning, California.

Enlisted men only.

General medical and surgical convalescents. N.P. cases who have completed hospitalization and are awaiting discharge from the Naval Service, and asthmatic cases that have developed while in the Naval Service.

U. S. Naval Convalescent Hospital, Beaumont, California.

Enlisted men only.

General medical and surgical convalescents. N.P. cases who have completed hospitalization and are awaiting discharge from the naval Service.

20 Mar 1945

U. S. Naval Convalescent Hospital, Santa Cruz, California.

Enlisted men only.

General medical and surgical convalescents. N.P. cases who have completed hospitalization and are awaiting discharge from the naval service.

/s/ROSS T. McINTIRE
Vice Admiral (MC) USN
Chief of Bureau

NAVAL HOSPITALS

<u>Number</u>	<u>Name</u>	<u>Address</u>
1	Annapolis, Maryland	
2	Astoria, Oregon	
3	Bainbridge, Maryland	
4	Bethesda, Maryland	NMMC, Bethesda, Maryland
5	Bremerton, Washington	Puget Sound NY, Bremerton, Wash.
6	Brooklyn, New York	
7	Camp Lejeune, North Carolina	
8	Camp White, Oregon	
9	Chelsea, Massachusetts	
10	Corona, California	
11	Corpus Christi, Texas	
12	Corvallis, Oregon	
13	Dublin, Georgia	
14	Farragut, Idaho	
15	Ft. Eustis, Virginia - out - 4-1-46	
16	Great Lakes, Illinois	
17	Jacksonville, Florida	
18	Houston, Texas	
19	Key West, Florida	
20	Long Beach, California	
21	Mare Island, California	
22	Memphis, Tennessee	
23	Navy Yard, South Carolina	Charleston Navy Yard, S.C.
24	New Orleans, Louisiana	
25	Newport, Rhode Island	
26	Norfolk, Virginia	NOB, Norfolk, 11, Va.
27	Norman, Oklahoma	
28	Oakland, California	
29	Santa Margarita Ranch	Oceanside, California
30	Parris Island, South Carolina	
31	Pensacola, Florida	
32	Philadelphia, Pennsylvania	17th & Pattison Ave.,
33	Portsmouth, New Hampshire	Navy Yard, Pts., N. H.
34	Portsmouth, Virginia	
35	Quantico, Virginia	
36	Sampson, New York	
37	San Diego, California	
38	Treasure Island, San Francisco, California	
39	San Leandro, California	
40	Seattle, Washington	
41	Shoemaker, California	
42	St. Albans, 12, Long Island, New York	
43	Aiea Heights, T. H.	Navy # 10, San Francisco
44	San Juan, Puerto Rico	Navy # 116, New York
45	Balboa, Canal Zone	Navy # 121, New York
46	Pearl Harbor, T. H.	Navy # 128, San Francisco
47	Naval Hospital, Guam	Navy # 926, San Francisco
48	Coco Solo, Canal Zone	Navy # 1955, New York

Convalescent Hospitals

Letter	Name and Address
A	Asheville, North Carolina .(Biltmore Station)
B	Asbury Park, New Jersey - <i>out - 4 - 1 - 46</i>
C	Sea Gate, Brooklyn, 24, NewYork
D	Camp Wallace, Texas
E	Glenwood Springs, Colorado
F	Palm Beach, Florida - <i>out - 4 - 1 - 46</i>
G	Arrowhead Springs, San Bernardino, California
H	Santa Cruz, California
I	Springfield, 9, Massachusetts

NAVAL HOSPITALS AND DISPENSARIES WITH OUT-PATIENT FACILITIES

HOSPITALS:

Annapolis, Maryland
Bainbridge, Maryland
Bethesda, Maryland
Brooklyn, New York
Charleston, South Carolina
Chelsea, Massachusetts
Corpus Christi, Texas
Farragut, Idaho
Key West, Florida
Mare Island, California
Camp Lejeune, North Carolina
NOB, Norfolk, Virginia
Norman, Oklahoma
Oakland, California
Parris Island, South Carolina
Pensacola, Florida
Portsmouth, New Hampshire
Portsmouth Virginia
Puget Sound Navy Yard, Bremerton, Washington
Sampson, New York
San Diego, California
Shoemaker, California
Sun Valley, Ketchum, Idaho

DISPENSARIES

USNAS, Cape May, New Jersey
" Glynco, Georgia
" Olathe, Kansas
" Banana River, Florida
" Patuxent River, Maryland
" Gordon Airport, Atlanta, Georgia
" NOB, Bermuda
Navy Central Dispensary, 230 the Fenway, Boston, Mass.
USNAS, Beaufort, South Carolina
" Lakehurst, New Jersey
NavDisp, Miami Beach, Fla.
NavAuxAirSta, Kingsville, Texas
NavAuxAirSta, Chase Fld., Beeville, Texas
Naval Supply Depot, Clearfield, Utah
Navy Ordnance Test Sta., Inyokern, California
Naval Ammunition Depot, Hawthorne, Nevada
Marine Corps Air Facility, Walnut Ridge, Arkansas
Marine Corps Air Facility, Newport, Arkansas

NAVAL HOSPITALS AUTHORIZED TO ADMIT VETERANS ADMINISTRATION
CASES, TOGETHER WITH THE NUMBER OF BEDS ALLOCATED FOR THAT
PURPOSE.

<u>Hospital</u>	<u>Number of Beds</u>
Astoria, Oregon	50
Bethesda, Maryland	250
Bremerton Hospital, Puget Sound, Wash.	30
Charleston, South Carolina	50
Chelsea, Massachusetts	50
Convalescent Center, Palm Beach, Fla.	100
Corpus Christi, Texas	75
Corvallis, Oregon	50
Dublin, Georgia	50
Farragut, Idaho	25
Great Lakes, Illinois	9
Key West, Florida	3
Long Beach, California	100
Mare Island, California	25
Memphis, Tennessee	35
New Orleans, Louisiana	50
Newport, Rhode Island	80
Naval Hospital, Portsmouth, Va.	50
Norman, Oklahoma	25
Pensacola, Florida	25
Philadelphia, Pennsylvania	550
Portsmouth, New Hampshire	75
St. Albans, New York	100
San Diego, California	250
San Patricio General Hospital, San Juan, Puerto Rico	100
Seattle, Washington	100
Shoemaker, (Pleasanton) California	150
Alca Heights Naval Hospital	25
Total	2,482

9-20-45-
(Revised)

VETERANS ADMINISTRATION HOSPITALS

Key to symbols used:

BM - General Medical
C - Diagnostic Center
NP - Neuropsychiatric
T - Tumor Clinic
D - Domiciliary (Home)
TB - Tuberculosis

<u>ADDRESS</u>	<u>TYPE OF HOSPITAL</u>
Albuquerque, New Mexico	GM
Alexandria, Louisiana	GM
Amarillo, Texas	GM
American Lake, Washington	NP
Aspinwall, 15, Pennsylvania	GM
Atlanta, Georgia	T GM
Augusta, Georgia	NP
Batavia, New York	GM
Bath, New York	D GM
Bay Pines, Florida	D GM
Brecksville, Ohio	GM
Bronx, 63, New York	T GM
Canadaigua, New York	NP
Castle Point, New York	TB
CHEYENNE, Wyoming	GM
Chillicothe, Ohio	NP

<u>ADDRESS</u>	<u>TYPE OF HOSPITAL</u>
Coatesville, Pennsylvania	NP
Columbia, South Carolina	GM
Dallas, Texas	GM
Danville, Illinois	NP
Dayton, Ohio	D GM
Dearborn, Michigan	GM
Des Moines, 10, Iowa	GM
Downey, Illinois	NP
Dwight, Illinois	GM
Excelsior Springs, Missouri	TB
Fargo, North Dakota	GM
Fayetteville, Arkansas	GM
Fayetteville, North Carolina	GM
Ft. Bayard, New Mexico	TB
Ft. Custer, Michigan	NP
Ft. Harrison, Montana	GM
Ft. Howard, Maryland	GM
Ft. Lyon, Colorado	NP
Ft. Meade, South Dakota	NP
Gulfport, Mississippi	NP
Hines, Illinois	T C GM
Hot Springs, South Dakota	D GM
Huntington, 1, West Virginia	GM

<u>ADDRESS</u>	<u>TYPE OF HOSPITAL</u>
Indianapolis, 44, Indiana	GM
Jefferson Barracks, 23, Missouri	GM
Kecoughtan, Virginia	D GM
Knoxville, Iowa	NP
Lake City, Florida	GM
Legion, Texas	TB
Lexington, Kentucky	NP
Lincoln, 1, Nebraska	GM
Livermore, California	TB
Los Angeles, 25, California	T D GM
Lyons, New Jersey	NP
Marion, Illinois	GM
Marion, Indiana	NP
Memphis, 4, Tennessee	GM
Mendota, Wisconsin	NP
Minneapolis, 6, Minnesota	GM
Montgomery, 10, Alabama	GM
Mountain Home, Tennessee	D GM
Murfreesboro, Tennessee	NP
Muskogee, Oklahoma	GM
Newington, Connecticut	GM
Northampton, Massachusetts	NP
North Little Rock, Arkansas	NP
Northport, Long Island, New York	NP

<u>ADDRESS</u>	<u>TYPE OF HOSPITAL</u>
Oteen, North Carolina	TB
Outwood, Kentucky	TB
Palo Alto, California	NP
Perry Point, Maryland	NP
Portland, 7, Oregon	T GM
Reno, Nevada	GM
Roanoke, 17, Virginia	NP
Roseburg, Oregon	NP
Rutland Heights, Massachusetts	TB
Salina, Kansas	GM
Salt Lake, City 3, Utah	TM
San Fernando, California	TB
San Francisco, 21, California	C GM
Saratoga Springs, New York	GM (Annex to Bronx, N.Y.)
Sheridan, Wyoming	NP
St. Cloud, Minnesota	NP
Summit, New York	TB
Togus, Maine	NP
Tucson, Arizona	TB
Tuscaloosa, Alabama	NP
Tuskegee, Alabama	NP GM
Waco, Texas	NP
Wadsworth, Kansas	D GM

<u>ADDRESS</u>	<u>TYPE OF HOSPITAL</u>
Walla Walla, Washington	TB
Washington, 7, D. C.	T C GM
Waukeska, Wisconsin	TB
West Roxbury, 32, Massachusetts	GM
Whipple, Arizona	TB
White River Junction, Vermont	GM
Wichita, 2, Kansas	GM
Wood, Wisconsin	D GM

VETERANS ADMINISTRATION HOSPITALS

Key to symbols used:

GM - General Medical
 C - Diagnostic Center
 NP - Neuropsychiatric
 T - Tumor Clinic
 D - Domiciliary (Home)
 TB - Tuberculosis

<u>ADDRESS</u>	<u>TYPE OF HOSPITAL</u>
Albuquerque, New Mexico	GM
Alexandria, Louisiana	GM
Amarillo, Texas	GM
American Lake, Washington	NP
Aspinwall, 15, Pennsylvania	GM
Atlanta, Georgia	T GM
Augusta, Georgia	NP
Batavia, New York	GM
Bath, New York	D GM
Bay Pines, Florida	D GM
Bedford, Massachusetts	NP
Biloxi, Mississippi	D GM
Boise, Idaho	D GM
Brecksville, Ohio	GM
Bronx, 63, New York	T GM
Canadaigua, New York	NP
Castle Point, New York	TB

<u>ADDRESS</u>	<u>TYPE OF HOSPITAL</u>
Cheyenne, Wyoming	GM
Chillicothe, Ohio	NP
Coatesville, Pennsylvania	NP
Columbia, South Carolina	GM
Dallas, 2, Texas	GM
Danville, Illinois	NP
Dayton, Ohio	D GM
Dearborn, Michigan	GM
Des Moines, 10, Iowa	GM
Downey, Illinois	NP
Dwight, Illinois	GM
Excelsior Springs, Missouri	TB
Fargo, North Dakota	GM
Fayetteville, Arkansas	GM
Fayetteville, North Carolina	GM
Ft. Bayard, New Mexico	TB
Ft. Custer, Michigan	NP
Ft. Harrison, Montana	GM
Ft. Howard, Maryland	GM
Ft. Lyon, Colorado	NP
Ft. Meade, South Dakota	NP
Gulfport, Mississippi	NP
Nines, Illinois	T C GM
Hot Springs, South Dakota	D GM

<u>ADDRESS</u>	<u>TYPE OF HOSPITAL</u>
Huntington, 1, West Virginia	GM
Indianapolis, 44, Indiana	GM
Jefferson Barracks, 23, Missouri	GM
Kecoughtan, Virginia	D GM
Knoxville, Iowa	NP
Lake City, Florida	GM
Legion, Texas	TB
Lexington, Kentucky	NP
Lincoln, 1, Nebraska	GM
Livermore, California	TB
Los Angeles, 25, California	T D GM
Lyons, New Jersey	NP
Marion, Illinois	GM
Marion, Indiana	NP
Memphis, 4, Tennessee	GM
Mendota, Wisconsin	NP
Minneapolis, 6, Minnesota	GM
Montgomery, 10, Alabama	GM
Mountain Home, Tennessee	D GM
Murfreesboro, Tennessee	NP
Muskogee, Oklahoma	GM
Newington, Connecticut	GM
Northampton, Massachusetts	NP
North Little Rock, Arkansas	NP

ADDRESSTYPE OF HOSPITAL

Northport, Long Island, New York	NP
Oteen, North Carolina	TB
Outwood, Kentucky	TB
Palo Alto, California	NP
Perry Point, Maryland	NP
Portland, 7, Oregon	T CM
Reno, Nevada	CM
Roanoke, 17, Virginia	NP
Roseburg, Oregon	NP
Rutland Heights, Massachusetts	TB
<i>Salina, Kansas</i>	<i>GM</i>
Salt Lake City, 3, Utah	TM
San Fernando, California	TB
San Francisco, 21, California	C CM
<i>Saratoga Spring, N. Y.</i>	<i>GM - Annex to Bronx, N. Y.</i>
Sheridan, Wyoming	NP
St. Cloud, Minnesota	NP
Sunmount, New York	TB
Togus, Maine	NP
Tucson, Arizona	TB
Tuscaloosa, Alabama	NP
Tuskegee, Alabama	NP CM
Waco, Texas	NP
Wadsworth, Kansas	D CM
Walla Walla, Washington	TB
Washington, 7, D. C.	T C CM
<i>Waukesha, Wisconsin</i>	<i>TB</i>

ADDRESSTYPE OF HOSPITAL

West Roxbury, 32, Massachusetts	GM
Whipple, Arizona	TB
White River Junction, Vermont	GM
Wichita, 2, Kansas	GM
Wood, Wisconsin	D GM

U. S. PUBLIC HEALTH SERVICE

(MARINE HOSPITALS)

<u>ADDRESS</u>	<u>TYPE OF HOSPITAL</u>
Baltimore, 11, Maryland	General
Boston, 35, Massachusetts	"
Buffalo, 14, New York	"
Carville, Louisiana	Leprosarium
Chicago, 13, Illinois	General
Cleveland, 20, Ohio	"
Detroit, 15, Michigan	"
Ellis Island, New York	"
Evansville, 12, Indiana	"
Fort Stanton, New Mexico	Tuberculosis
Fort Worth, Texas	Neuropsychiatric
Galveston, Texas	General
Kirkwood, Missouri	"
Lexington, Kentucky	Drug Addiction
Louisville, 12, Kentucky	General
Memphis, 5, Tennessee	"
Mobile, 16, Alabama	"
New Orleans, 15, Louisiana	"
Norfolk, 9, Virginia	"
Pittsburgh, 24, Pennsylvania	"

ADDRESSTYPE OF HOSPITAL

Portland, 3, Maine	General
San Francisco, 18, California	"
Savannah, Georgia	"
Seattle, 14, Washington	"
** Sheepshead Bay, Brooklyn, New York	General
Staten Island, New York	"
Vineyard Haven, Massachusetts	"
** Devoted exclusively to the care of designated personnel of the War Shipping Administration and U. S. Coast Guard.	

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1944

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